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1. The first part of the document is a list of the names of the persons who were present at the meeting.







DISCARDED MAY 1918

# THE TRAINED NURSE

## AND HOSPITAL REVIEW

The Pioneer Nursing Publication of America

1564✓

A Monthly Magazine of Practical Nursing, devoted to the  
Improvement and Development of  
the Graduate Nurse

VOLUMES XXXII and XXXIII  
JANUARY TO DECEMBER, 1904

NEW YORK:  
THE LAKESIDE PUBLISHING CO.,  
Metropolitan Bldg., Madison Avenue  
and 23rd St., N. Y. City  
1904

PP  
v. 32-33

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# *The* Trained Nurse and Hospital Review

Vol. XXXII

NEW YORK, JANUARY, 1904

No. 1

## Suggestions Regarding Training Schools for Nurses

**Florence F. Rice, M.D.**

Graduate Massachusetts General Hospital Training School for Nurses.

**A**BOUT two years ago a nurse, speaking before a critical audience of graduate nurses in Boston said, "I would see women studying nursing under the same conditions that women are to-day studying at the school of pharmacy, at the Massachusetts School of Technology, at the Boston University, and at Tuft's College, Medical and Dental Schools. Living at their own homes and paying for their education as do women studying other professions. Their hospital experience, which should be a condition for a diploma, being obtained by appointments at the different hospitals through competitive examinations." This would necessitate the employment of a larger permanent force of graduate nurses, by hospitals, who would be paid instructors to the student nurses and chief of nurses in their department of the hospital. An arrangement possessing great advantages over present conditions, securing to the hospitals better nursing for their patients and placing nursing upon a firmer educational and professional basis. While graduate nurses have long felt and known that the recognition they desire, as a profes-

sional body of women, can only be gained through educational means, yet they have been slow to grasp the idea that this cannot be accomplished except by broadening the scope of the already existing schools. The radical changes in the education of women for nurses is demanded and rapidly taking place is evidenced by the schools for the preliminary education of nurses which have been established, notably in Philadelphia and Boston. The faculty of Simon's College, Boston, has planned the nursing courses in view of the fact that admission to hospitals is not permitted until the student is twenty-three years of age at least, and that the student must then in addition to her practical professional training give a part of her time to the study of the sciences which are related to her work. This involving an unnecessary strain upon the strenuous life of the student nurse which can be avoided by taking the preliminary course afforded by this college. It is expected by the faculty of Simon's College that hospitals will accept this general training in place of the scientific instruction which is now given by them, thus securing to the student

nurse more leisure for rest and recreation. It is further expected by the faculty that those hospitals which require a preliminary period, before entering the hospital, devoted to practise in household arts and elements of nursing, will be satisfied with the course offered by Simmon's College and receive those students completing this course directly into hospital practise.

Two courses are offered by Simmon's College, one of four years; one of one year with a brief summer course of four months for special students. The four years' course for nurses is identical with the course offered by Simmon's College in household economics for the first three years, the fourth year being a special course for student nurses, as will be seen by the appended curriculum copied from the announcement of Simmon's College for 1903-04:

#### HOUSEHOLD ECONOMICS.

##### *First Year.*

Physics .....	3
Chemistry, general and qualitative.....	3
Cookery .....	3 or 6
English .....	3
History or Modern Languages.....	3
Conferences .....	1
Household values.....	2
Accounts .....	2
Hygiene .....	1
Physical training.....	2

##### *Second Year.*

Chemistry .....	3
Biology and bacteriology.....	3
House construction, equipment, and decoration .....	2
Practise in household arts.....	2
Sewing .....	2
Conferences .....	1
History or Modern Languages.....	3
Cookery .....	3
Elective .....	3

##### *Third Year.*

Physiology and sanitary science.....	3
Institutional architecture.....	3
Chemistry of foods, adulterations, etc....	3
Psychology .....	3

Economics .....	3
Study of Childhood .....	1
Cookery .....	3
Conferences .....	1
Elective .....	3

In the fourth year students will enter upon residence in a special nurses' home, which will be under the care and direction of a qualified superintendent of nurses. They will give their time to the practical care of the house treated as a nurses' dormitory, including the preparation of food; to instruction in elementary nursing, such as surface nursing and district visiting nursing and to the study of anatomy and such other elements of medical science as they may find time for.

This work will be continued through the college year without fixed vacations. It is expected that, before the first year is finished, an arrangement will be made with the leading hospitals by which preferential treatment will be given to the candidates completing this course.

The fee for the first three years will be the same as that charged to other students.—During the fourth year the total fee for instruction and residence will be \$200.

#### ONE YEAR'S COURSE.

This course will be offered for the year 1904-05. The students will reside in the nurses' home, and their time will be divided between instruction in cookery and the domestic arts, in brief courses in science, and in the elements of nursing.

Graduates of colleges and students who have had more advanced instruction than that offered by the high schools will be given preference. Students who have had any of the work covered by the instruction in cookery, domestic arts, and the sciences, will be allowed to devote the time thus freed to the study of the elements of nursing.

A more detailed statement of the work of this year will be given in the next issue of the college catalogue.

#### SUMMER COURSE.

Beginning with the summer of 1905, the summer course of four months in preparation for the hospital training schools will be offered to college graduates and others of sufficient maturity.

The work will consist of instruction in domestic arts and elements of nursing. No instruction in science is given in this course. In the longer courses offered, the sciences, physics, chemistry, physiology, bacteriology which are directly applied in nursing will be included in the regular course, and a series of lessons in cookery, laundry work, house-keeping, and accounts.

The influence of the *alumnæ* associations of nurses ought to be felt in urging upon the trustees of hospitals the acceptance of graduates from the preliminary schools of nursing as student nurses and in regulating their hours of service, securing to them lives of greater freedom of thought and action, and in abolishing the whole present system of corporations of training schools for nurses hiring out the student nurses to hospitals to do their nursing at so much per month, to pay the expenses of the school, also sending student nurses into private families, the proceeds of their work devoted to carrying on the charitable work of corporations. If student nurses are employed by hospitals or private individuals let them make their own terms, the proceeds of their work being secured to them to pay for their education, or what not. A short time ago a member of a corporation com-

prised of charitable men and women, its headquarters within twenty miles of the city of Boston, which conducts a hospital and training school for nurses, was heard to boast of how many hundreds of dollars the student nurses had netted that corporation by their work in private families during a single year. Truly, charity doth cover a multitude of sins. Upon the abuses and evils of subletting human beings to hospitals or private individuals as a means of gain we shall not touch in this article, but we do unhesitatingly assert that it ought not to be possible for a corporation managed on such a basis to secure the services of a graduate nurse from a standard school of nursing to carry on work which tends to lower the standing of nursing and placing it upon the basis of a trade. Another matter which should receive the attention of the associated *alumnæ* of nurses is the practise of registers of nurses sending lists of questions to physicians or private families employing nurses, inviting criticism of the work of graduate nurses, tending as it does to detract from the dignity of nursing as a profession. No other body of professional men or women would submit to such an indignity.

The length of time required by hospitals of graduates of preliminary schools of nursing should be appreciably shortened, in general hospitals to one year. Three months devoted to medical and three to surgical work; the remaining six months to obstetrics, diseases of children, and contagious diseases. Nurses wishing to specialize will be free to give as much time as they desire to any special branch after graduation.

## **"Non Nobis Solum" \***

**Victoria Anderson**

Graduate of the Methodist Episcopal Hospital, Brooklyn, N. Y.

**F**OR three years we have looked forward to this occasion as the crowning reward of our labors and the commencement of independent nursing. For this period we have worked, ever mindful of the aim and object of our careful training and what our conduct and behavior means, toward the good standing of our institution.

Thus as winter changes into beautiful spring we changed and laid away our probationers' gowns and reverently doned the nurses' uniform of the blue and white. With increasing interest, we passed from serving trays, dusting, making beds, and doing the minor treatments to night duty when throughout the long hours we watched and toiled, but hailed the first gleamings of the new day, which so often brings rest to the weary sufferer.

Throughout our junior and intermediate years our pleasures and sorrows were ever shared by our kind and noble supervisor who left us at the beginning of our last year. It is needless to say to any of you who know her, that her character, so pure and lofty, with such an abundance of patience, self control, and refinement, with her kindly authority and Christian spirit, has made a lasting impression on us as an ideal nurse.

Our last year has flown before we were fully aware it had begun. The work has been a more immediate preparation for the work we now take up. We have been intrusted with more responsible duties, and been more fitted to enjoy each accomplishment and the sweet fellowship with each other.

As the botanist picks off a withered petal from a pure white rose, so we would go from our alma mater, entering into homes where disease and illness are eating up the very roots of life and help to restore them to health and usefulness. We are conscious that we will not find sunshine in every home we enter, and we expect to meet every condition of humanity, but always, sprinkled in among the tares, there will be those whose very presence will inspire us with fresh impetus and zeal.

Our training here among the sick and dying has taught us how and why to live, "not for ourselves alone," but for humanity; to live with all our might and to give out life by our inspiration and cheerfulness. We are brought face to face with death, and sufferings in their worst form. We are often taken into friendly confidence with our patient's family, but woe to that nurse who, for one moment, forgets the sublimity of her vocation.

We, ten women, going from your excellent training school this year, represent, I trust, large fields of useful service in various parts of the world. For though we differ in faith and some of us in nationality, we stand united on the grand platform of human alleviation. Let our united prayer be this little one composed by Adeline E. Arnold:

Oh, Father! make me strong, and brave, I  
pray,  
To live this life as Thou would'st have me  
live;  
I long to tread Thy sacred blood-stained way,  
And, like Thee, through my life example  
give.

---

\* Valedictory address to the class of 1903, Methodist Episcopal Hospital, Brooklyn, N. Y.



How dare I, so unworthy, even yearn  
To follow Thee? For every day and hour  
The tender whisperings of Thy voice I spurn,  
To worship at the shrine of human power!

Thou'st led me to the sufferer's bed of pain,  
And armed me with the weapons of Thy  
grace;  
Thou'st taught me how to soothe the aching  
frame,  
And bring the smile of health into his face.

Oh, make me worthy, Lord, to live this life  
In working for Thy loved humanity!  
Help us to aid the mortal in his strife,  
And lead him through the darkness, on to  
Thee!

To our loved supervisors, words fail me in expressing our appreciation and gratitude for the infinite interest you have manifested in your unselfish lesson of real life. For the kindly care you have taken in our comforts and enjoyments we are particularly grateful, and also for your sympathies in our heart-sick discouragements and defeats. How often, when we stand alone, will we miss your timely counsel? How difficult it will be to work sometimes, without your directing hand and supervision? We can only do it by consulting the many leaves of our note book, and by remembering the precepts and principles instilled into us while under your care and instruction.

We shall also miss the immediate supervision of our staff. To you, let me say, that we have appreciated your welcome praise; and your strong support and willing aid has rendered our labors more profitable and has contributed to our advancement.

We extend our heartfelt gratitude to the training school committee, they who have skilfully and judiciously planned and worked to make our training what it is; to the doctors, who have with untiring patience and trouble employed their valuable time in delivering to us lectures, both interesting and beneficial; to the superintendent and residing superintendent, who always have the nurses' interests at heart, and who are now doing such magnificent work toward the completion of the hospital. We extend our thanks, Mr. Kavanagh, we can see glimpses of the good you will have accomplished when the Methodist Episcopal Hospital shall stand in completed grandeur, ready to receive more of our afflicted brethren. To the nurses with whom we have associated in our rooms and in the wards, and who will take up the work which we are leaving, to you will come increased responsibilities, anxieties, and discouragements, but we know that with each will come renewed strength, hope, and patience, and we pray that the largest success may be yours.

To my classmates with whom I have labored these three years, and who have watched each other's interests and advancements with a feeling of common sharing; who have appreciated the unfailing sympathies and fidelities, and whose paths are now so widely diverging, we bid farewell, trusting that we may live up to the precepts instilled into our hearts and thereby intelligently fulfil our duty and motto: "Non nobis solum."



## L I F E

A touch from the swallow's wing  
On the breast of a quiet pool,  
And the sunset hues are scattered amain  
By the circling ripples that swiftly gain  
The nestling shores and a startled school  
Of minnows break from their dallying.

And life is a pool thus thrilled,  
That a word may stir to its bounds;  
That a thought may save or a trifle maim,  
Be it good or bad, it is never the same  
For the sun has risen or run its rounds  
E'er the eddies cease and the pool is stilled.

*E. A. C.*



# Fever Nursing\*

## General Treatment—Hydrotherapy

Reynold W. Wilcox, M.A., M.D., LL.D.

Professor of Medicine and Therapeutics at the New York Post-Graduate Medical School and Attending Physician to the Hospital; Visiting Physician to St. Mark's Hospital; President of the American Therapeutic Society; Fellow of the American Academy of Medicine; etc.

### GENERAL TREATMENT OF FEVER.

**A**T THE first indication of febrile disease the patient should be put to bed and strict quiet enjoined. The problems that confront us in the management of such a patient are two; first, the removal of the cause and underlying factors, so far as this is possible, and second, the restoration of proper metabolism. The abnormal condition of which is shown by the various derangements of the bodily functions which are a part of the clinical picture.

Frequently very little can be done to remove the cause of a fever as this is self limiting and its results are impossible of abortion or shortening. However, unless there exist some contradiction we may be able to lessen the effects of this cause by inducing elimination through various channels. This may be done by causing emesis, free movements of the bowels, increasing the quantity of urine, stimulating the action of the skin so as to induce free sweating, or by rectal irrigation. The poisons circulating in the blood may be rendered less harmful by the introduction of warm salt solution (0.7 per cent.) under the skin or directly into the blood stream through an opening into a vein.

By emesis irritating substances will be removed from the stomach and further infection by this route prevented, and the absorption of poisons through the stomach wall will be stopped. Free

purgation will act in like manner upon the intestinal tract and also perhaps aid in removing toxic substances from the blood. The induction of free action of the skin and kidneys leads to a like effect, and the high rectal irrigations. The injection of salt solution under the skin or directly into the circulation not only dilutes the poisons, but will hasten their elimination through the various channels and act as stimulants of considerable power upon the weakened system.

By these means we may, very rarely, remove the primary cause of the disease. When this is impossible we may lessen the severity of the process and accomplish much toward the restoration of normal metabolism and the correction of the disturbed body functions.

In the less severe febrile diseases, the abnormal temperature, which may run from 101° F. (38.3° C.) in the morning to 103° F. (39.4° C.) in the afternoon, needs no special attention. When high temperature persists, and is of itself manifestly a menace to the patient, measures must be taken to mitigate it. This may be done:

(a) By drug: The various so-called antipyretics, phenacetin, acetanilid, antipyrin, etc., may be employed but their use may be attended by bad effects, especially upon the heart, and their administration is fast passing out

\* From advance sheets of "A Manual of Fever Nursing," based upon lectures delivered at the Fahnestock Memorial Training School of the New York Post-Graduate Medical School and Hospital, by special permission to THE TRAINED NURSE AND HOSPITAL REVIEW.

of vogue. Patients to whom these drugs are given must be carefully watched by the nurse for signs of heart-weakness. The fall of temperature following their use may be accompanied by various signs of prostration, which will necessitate warm covering, the use of hot water bottles, and perhaps the administration of whisky, aromatic spirit of ammonia, or other stimulant. Consequently the reduction of fever by drugging is to be attempted with greatest care, if at all.

(b) Much more advisable is the control of high temperature by means of cold applied externally. This may be done in various ways as follows: *a. The cool tub bath.* This necessitates at least two attendants, for the patient must be lifted into the tub which should be placed at the patient's bedside. It should contain water enough to cover the patient to the neck, the head should be supported upon a rubber air pillow attached to the edge of the bath tub, and his comfort will be augmented by placing a rubber air cushion beneath the buttocks. The temperature of the water may be varied within wide limits but may not be lower than 59° F. (15° C.). If the cold water is disagreeable, the bath may be begun at a temperature of 90° F. (32.2° C.) and cold water gradually added until the temperature is reduced as low as required. It is better, however, to use cool water from the beginning, for the effect sought is a reaction, and for this a certain amount of shock is necessary. The patient, wearing swimming trunks or covered with a sheet, should be gently lifted by two attendants and lowered into the water. Cold water—60° F. (15° C.) or less—should be poured over the head, or a frequently changed cool compress should be applied to the forehead. The cold

water may be applied to the head by means of a current from an ordinary irrigating apparatus. Vigorous rubbing of the body by the hands of the attendants throughout the bath is an absolute necessity. The bath should last from ten to twenty minutes according to the reactive power of the patient. At the end of the procedure, the patient should be lifted out of the tub and placed in bed, the water having been allowed to drain off for a few seconds to prevent wetting the blankets. Now being wrapped in the blankets, he should be thoroughly dried by rubbing. If the patient shows signs of poor reaction while in the bath, such a blueness of the lips and extremities or decided shivering, or if the effect upon the heart is untoward, the duration of the bath should be lessened. In most patients chattering of the teeth may be disregarded, and cyanosis of the extremities alone need not be considered sufficient reason for stopping the bath, but if marked blueness of the face, especially about the nose, is noticed the patient should be immediately taken from the water. The patient's temperature is useful as an indication of the effect, and for the necessity of a repetition of the procedure. It is a great mistake to endeavor to lower the pyrexia as much as possible. Before the patient is put into the bath and after he is taken out it is usual to administer a glass of wine, a half ounce of whisky, a half to one dram of the aromatic spirit of ammonia, diluted, or a small cup of hot coffee, as the physician may direct. During the bath a glass of cold water may be allowed.

The patient's reactive powers may be measured by a tentative bath lasting five minutes at 90°, reduced to 80° F. (32° to 27° C.) and the initial temperature, the reduction and the length of the

following bath may be determined accordingly. If possible the physician should be present during the bath, both to guard against the possibility of shock and to make sure that the good effects of the procedure are not lessened by too early termination of the bath.

If the cold tub is not well borne by the patient, luke warm baths given in the same manner are often followed by good results. The procedure may bring about a drop in temperature of from one to four degrees (F.), but it is wise not to allow a reduction of more than two degrees (F.) one degree (C.).

In private practise an ordinary tin bath tub from five to six feet long, which may be purchased at the plumber's, is convenient. The stationary bath tub for obvious reasons should never be used. In hospitals, tubs upon wheels are usually provided.

Fresh water should be used for every bath.

The preparation of the bed for the reception of the patient is of the utmost importance. All should be ready before the beginning of the procedure, so that there may be no delay if it becomes necessary to terminate the bath sooner than was expected. Two warm blankets should be provided and several hot water bags as well, and an ice cap should be ready for the head. Over the lower blanket should be placed a warmed sheet upon which the patient should be laid on being lifted from the tub. The sheet should then be wrapped about him and tucked between the arms and the body and between the legs so that no two skin surfaces shall come in contact. The patient is thoroughly dried by being rubbed outside the sheet. This is then removed and he is allowed to lie between the blankets with the hot water bottles at his feet and against his

legs and the ice cap upon his head. The lowering of the temperature is not the only good effect produced by this measure. It is also a stimulant to the nervous and circulatory systems.

*b. The bed or slush bath.* This is a less drastic method than the tub bath and many patients to whom the cold bath is almost unendurable, bear it well and are very favorably affected by it. It is given upon a bed, around the edges of which rolled blankets have been placed so as to form a sort of wall. Over this is placed a rubber sheet or piece of table oil cloth, and into the trough thus formed several pails of water are poured. The patient is placed in this and treated just as when the tub bath is employed. The bed bath may be constructed also by passing a piece of clothes line around the head and foot of the bed, connecting these by two parallel ropes and throwing over the whole an oil cloth which is attached to the rope by clothes pins; or a rectangular fence about eight inches in height and slightly smaller than the mattress, may be constructed, over which a rubber sheet may be thrown. The water from these improvised tubs is best drawn off by a siphon made of a few feet of rubber hose.

*c. The sponge bath.* For this measure the water may be of various temperatures as indicated; often the addition to it of a little alcohol is very grateful to the patient, an ice cloth should be applied to the head, a sponge or soft cloth is saturated just sufficiently to have a thin film of moisture upon the skin, which cools the patient by rapid evaporation and does not wet the bed clothing, and with this sponge the patient is thoroughly rubbed, while the other hand is performing friction, and then dried one part at a time. Care must be taken to

keep the portions of the body, not being sponged, covered. Particular attention should be given the back, for here the tissues retain the heat longest. Proper reaction is evidenced by redness of the skin. No such effect is produced upon the temperature by sponging as by tubing, nevertheless the fever may be slightly lowered. The chief good accomplished is its favorable action upon the skin and the great comfort which it affords the patient.

*d. Sprinkle bath.* As a method for the reduction of temperature this may be considered to rival the tub bath. It has the advantages of being better borne by many patients and of peculiar adaptation to private practise. The technique is as follows: The head of the bed should be raised about ten inches from the floor, and to keep the mattress from sagging, under it should be placed crosswise several pine boards as long as the width of the bed. The mattress should be covered with a rubber sheet upon which a pillow and ordinary sheet should be adjusted. The patient should be stripped and sprinkled with water of the desired temperature from an ordinary watering pot or from an irrigating apparatus to the tube of which a sprinkling nozzle is attached. The water as it flows from the foot of the bed should be received in a large dish pan or foot bath and can be used over and over. The proper temperature being maintained by the addition of ice. The water should not be poured from too great a height and chiefly upon the abdomen and legs. Rubbing with the hands should be kept up throughout the procedure, and otherwise the patient should be dealt with exactly as in tub bathing.

*e. The sheet bath.* A sheet wet with water at 80° F. (27° C.) is placed upon blankets on a bed or table, and the pa-

tient, with arms raised above his head, is tightly wrapped in it. Water is now poured upon the successive parts of the body which are then rubbed with the hand until warm and then cooled by means of colder water. When an area ceases to become warm another part is attacked in like manner and so forth until the whole body has been subjected to the procedure.

*f. The towel bath.* The patient being undressed and laid upon a blanket, a thoroughly wet towel is placed smoothly over the back; rubbing is employed over this until it becomes warm, then water is poured over the surface till it cools, friction is again employed and the process repeated till the warmth ceases to return. The buttocks are next treated in like manner, and the back having been dried, the anterior surface receives the same treatment.

*g. The ice rub.* This consists simply in rubbing the surface of the body with flat pieces of ice covered with gauze. The various parts of the body are treated one after another until they are cooled. The patient is then dried and properly covered. In excessively high temperatures the ice rub may be employed while the patient is in a tub bath.

*h. The ice pack.* The patient being stripped is laid upon a bed covered with a rubber sheet. An ice cap is applied to his head. Flat pieces of ice are arranged along the sides of the body, in the armpits and between the legs, and the body is rubbed with pieces of ice just as in the ice rub. The ice may be in direct contact with the skin or wet cloths may be interposed.

*i. Ice bags, compresses, and coils.* Ice bags are frequently used for the local application of cold. These are rubber bags of various shapes and sizes, being adapted in these respects to the por-

tions of the body to which they are to be applied, and are fitted with screw caps. When in use they should be about three quarters filled with ice broken into pieces the size of the end of the thumb. As little air as possible should be allowed in the bag.

Ice compresses are made by crushing the ice and spreading a layer of it between two folds of blanket or towel, preferably the latter, as it will absorb the meltings while the former will not. These compresses may be made of considerable size and applied over large areas, but their use has the extreme disadvantage that it is almost impossible during their employment to keep the bed and clothing dry.

Cold compresses, while they do not affect the bodily temperature, often give the patient great comfort especially when applied to local areas of pain. They are made of several layers of any cloth which will absorb and hold moisture, wrung out of water at the required temperature and applied. They may be renewed as often as is necessary and it is well to have two in use at the same time, or they may be allowed to remain in contact with the patient continually, the water lost by evaporation being supplied from time to time.

Ice coils of rubber tubing arranged in various shapes to fit the different parts of the body are often used to reduce the heat of local inflammation. Water at the proper temperature is caused to run through the tubing by siphonage, the vessel from which it runs being placed above the patient; that into which it is discharged, on the floor. Care should be taken that the former does not become exhausted. An ice coil may be made at home from ordinary flexible rubber tubing, about twelve yards of

which are necessary. Tubing should be coiled into circular, oval, or rectangular form depending upon the part to which the application is to be made. From the beginning and end of the tubing, four to six feet should be left free and the coil itself be sewed to a piece of rubber sheeting.

*j. Ice water enemata.* These often cause a considerable fall in temperature reaching as they do to the "heat citadel" of the body. Hare has found that enemata of 65° F. (18.3° C.) lowered the bodily temperature 3° F. (1.5° C.) in thirty minutes. They should be given by a fountain syringe. The soft rubber rectal tube passed as far as possible into the bowel is preferable to the hard rubber nozzle. The usual quantity of water injected is from one to two quarts, a return flow being allowed as the fluid passes in.

In using any of the above methods for the reduction of temperature the greatest watchfulness of the patient's condition should be observed and any tendency to collapse as evidenced by distress, weakening of the pulse, coldness of the extremities and blueness of the lips should cause the nurse to notify the physician immediately and to institute prompt restorative measures such as the administration of whisky, brandy, or the aromatic spirit of ammonia, rubbing the hands and feet, hot water bottles to the extremities and over the heart, and elevation of the foot of the bed.

If hyperpyrexia occurs in the absence of the physician it is the duty of the nurse to meet the emergency by the application of cold compresses and by cold sponging, in the meantime preparing an ice water enema and cold tub bath pending the arrival of the medical attendant.

(To be continued.)

# Nerve Massage and the Treatment of the Face

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## SEVENTH PAPER.

**I**N SPEAKING of hemicrania, For-  
dice, as early as 1758, is the first in  
the scientific world to make men-  
tion of nerve massage. He was soon  
followed by Cotunni, while Balfour, in  
England, employed nerve massage in  
practice during the first quarter of the  
last century.

Progress, however, in this branch of  
the art of massage has been somewhat  
slow, since it was not at first perceived  
that the physiological effects of nerve  
massage are due not so much to direct  
as to reflex action, and that a consider-  
able knowledge of the physiology of the  
nervous system must be employed in  
the necessary manipulations.

The advance of this branch of me-  
chano-therapy in the last few years is  
partly owing to the advance that has  
been made in the accurate diagnosing of  
disease. Pathologists have made clear  
that modern examinations discover dis-  
tinct pathologico-anatomical changes in  
physical situations where formerly we  
were obliged to content ourselves with  
simply noting symptoms, the result of  
which was that very many unknown dis-  
orders were given names which in no  
wise indicated their actual neurotic  
origin.

After pointing out how frequently  
rheumatic myitis may excite nerve dis-  
turbance, by swollen muscular pressure,  
or otherwise, a prominent pathologist  
says: "If such disorders are frequently  
of myogenic origin, it is clear, on the  
other hand, that observations have ac-  
cumulated which show that the periph-  
eral nerves are themselves, not infre-

quently, the seat of primary lesions.  
Even in this field various diseases that  
used to masquerade under different  
names have been obliged to yield a part  
of their territory to undisguised neuritis  
and perineuritis."

I repeat, it is because of such ad-  
vanced knowledge of the origin of dis-  
eases of the nervous system that  
massage is now so generally, and so  
successfully, employed, in disorders of  
the peripheral nerves where to-day it  
promises the very best possible results,  
especially in those cases where palpa-  
tion discloses objective changes.

To be more explicit, the principal  
nerve trunks brought directly within the  
procedures of the masseur are, briefly,  
the facial and trifacial; of the arm, the  
median, ulnar, and musculo-spiral; of  
the leg, crural and sciatic; the sacral  
nerve as it passes across the junction of  
the sacrum and ilium, the pneumogas-  
tric, passing down the side of the neck,  
entering the chest immediately behind  
the top of the sternum, and thence dis-  
tributed to heart, lungs, and abdominal  
viscera; and lastly, the sympathetic, the  
great nerve trunk which controls the  
action of the heart and blood vessels,  
the functions of the liver and kidneys,  
digestive organs, and other viscera and,  
finally, all the glands of the body.

Of special importance in scientific  
nerve massage is the exact location of  
the principal divisions and centers of  
this last named nerve, such as the cer-  
vical ganglia, the lumbar, umbilical, and  
subumbilical ganglion, the renal and he-  
patic plexus and other centers.



The physiological effects of nerve massage, as previously anticipated, begin with the nerve endings of both the cerebro-spinal and sympathetic nerves, connected in the first instance with the special senses of temperature, locality, pressure, and weight; and in the second, with the blood vessels and glands, and thermic mechanism in general, distributed throughout the muscles and skin.

The direct effects are principally *stimulative*, such procedures as nerve compression, and vibration, acting as they do directly upon the nerve trunks, have a powerful influence not upon the peripheral nerves only, but, meanwhile, on all the nerve centers with which the several nerve trunks are connected.

The reflex effects, recorded to-day among the unexpected results of nerve massage, are at once interesting and remarkable. All the procedures of massage are found to possess these effects, the power of which varies in degree according to the varying force of such movements as stroking, percussion, or vibration, especially when directly applied to certain reflex areas.

Sedative effects can be produced altogether as marked and decisive as the stimulative. Pain is allayed by certain forms of percussion on exactly the same principle that it is controlled by strong faradization, namely by tiring out and thus obtunding nerve sensibility. The well known hypnotic effect is produced through the reflex influence of gentle sympathetic stroking upon the nerve centers. On general principles, frictions over deep lying organs diminish their blood supply, and in treating soft parts above a joint, the movements are extended to the next joint above, thus emptying the blood and lymph vessels of the part and relieving its pain.

Lastly, the reconstructive and restorative effects of nerve massage are not the least among its physiological values. Through its influence upon the circulation and the organs of elimination mental fatigue is always relieved and the toxic properties produced by such fatigue are more quickly oxidized and cast from the body; the accelerated blood current now promptly repairs and thoroughly cleanses the wearied nerve tissues, while the entire nervous system partakes of a general reconstruction through the improved nutrition that has been induced.

Wide's experiments have demonstrated that by pressing on the phrenic nerve, where it is accessible in the neck, we can "overcome cramp of the diaphragm, and can by static pressure upon other motor nerves put an end to cramp and tremor in their corresponding muscular areas." Tigerstedt has shown that "through light pressure the irritability of *motor* nerve fibers is augmented; through *strong* pressure it is diminished or abolished." Kleen says of nerve massage that it "signifies altogether more when it is employed to remove the products of chronic inflammatory processes from the nerve trunks, thickenings in the neurilemma, etc., than when it is employed simply as a nerve stimulant."

We come now to the technique of nerve massage. This originally consisted of only three manipulations, namely, effleurage, frictions, and tapotement, while in modern practise the movements include fully half of the procedures known to the art at large.

For example in massage of the head, valuable for so many neurotic disturbances, headache, neurasthenic pains, insomnia, neuralgia, and migraine, at least a dozen procedures are employed.

Beginning with effleurage, or a gentle stroking, we proceed to digital kneading from forehead to occiput; then hacking from before backward; chucking, with hands on opposite sides of head; hacking, tapping, head rolling, flexion, and twisting, all more or less active or passive, followed by gentle vibration and pressure, the treatment concluding with hypnotic stroking from vertex to base of skull, down back of neck and along the submaxillary groove.

In supraorbital neuralgia, or supraorbital neuritis, with or without symptoms of migraine, the intelligent masseur will first make a direct examination, by means of palpation of the nerves, especially where the supraorbitals are evidently concerned.

Thus alterations in the nerves may be recognized, such as slight, painful swellings, resembling cords and tender spots, while the individual nerve trunks usually feel enlarged to the touch, with occasional minute flat ridges, particularly in the neighborhood of the supraorbital foramen.

With such knowledge in hand the masseur is prepared to treat supraorbital neuritis or neuralgia. An excellent procedure is that advised by a past master of the art of massage, the Swedish physician, Emil Kleen, as follows: "The parts shown by examination to be changed from the normal are first of all the ones to be massaged; the nerve trunks by means of the three manipulations already described, and the other parts, muscles, skin, and subcutaneous tissue, friction and effleurage. When no palpable alterations are found, according to the rule given, one should proceed as if such had been found, always expending most labor on the places where their occurrence is most

usual, *i. e.*, in the neighborhood of the supraorbital foramen. It need hardly be said that effleurage ought always to be made in the direction of the venous blood flow (of the frontal vein), *i. e.*, from the frontal and temporal regions toward the root of the nose. I mention this simply because I have frequently seen masseurs proceed in the contrary order in such cases.

"Massage should, here as always, go hand in hand with other remedial measures, especially with electricity, which so often is effective in neuralgias. Not even when palpable changes, due to inflammation, present themselves, should we neglect to use measures against the concomitant disorders, which in and of themselves may give occasion to neuralgia, and surely can exert an influence upon it.

"Massage in these, as in other affections of the peripheral nerves, is, to say the least, one of our most powerful means of treatment, and a large percentage of inveterate cases are permanently benefited by it. The treatment, nevertheless, is frequently a protracted one. It usually requires several weeks, and not seldom, months."

Sciatica is another disease of the peripheral nerves, the successful treatment of which should be preceded by local examination by palpation, since the disorder is frequently of myogenic origin, being due to myitis in the neighborhood of the nerve trunk, the inflammation sometimes extending along the whole course of the nerve.

Emphatic results in treating sciatica by massage were first realized in the Germanic countries, but are now everywhere obtained by scientific manipulations. Among other procedures, frictions and nerve stretching have been freely called into use, and not only im-

provement but complete restitution has been chronicled in an extensive literature by Berghman, Faye, Graham, Craith, Guessenbauer, Vorström, Winge, and Zabłudowsky.

Turning to another branch of neurotica, to such disorders as pertain to the central nervous system, like central neurosis, the technique varies to an unusual degree, becoming, indeed, too complicated to be well considered here.

The mechano-therapy of these diseases, especially neurosis of the spinal cord, together with such other disorders and degeneracies of the spinal column as *tabes dorsalis*, has been principally developed at the Orthopedic Institute in Stockholm.

While massage constituted the primary factor in the treatment, yet the highly trained physicians of that institution were not slow in adding important auxilliary measures, such as the nerve stretching features of gymnastics and the Swedish movements.

The treatment, as now developed, includes a long, if not an almost exhaustless list, of the disorders of the central nervous system. The anesthetics, hyperesthesias, the various forms of paresthesia, numbness, prickling, crawling, tingling, burning, and like morbid sensations, chorea and hysteria, and reaching yet further, has unquestioned importance in the treatment of such structural maladies as spinal sclerosis, progressive muscular atrophy, *tabes*, and the different ataxic disturbances, co-ordinative neurosis, infantile and toxic paralysis, and other like disorders.

Reports showing what has been done by massage in this class of serious maladies, with a mass of information as to the most successful manipulations, have not only been published by such institutions as that in Stockholm, but

have otherwise appeared at the hands of such physicians as Wide, Hünerrfauth, Halleday, Frey, Turk, Schreiber, Granville, Douglas Graham, and Weir Mitchell.

I now make a brief mention of facial massage.

As already noted many manipulations intended for relief of the various neuralgic affections are applied to the face; but such movements are not what is meant by facial massage, properly so-called.

By the massage of the face we understand a form of special exercise applied to the face, and extending to the ears and scalp, and neck, with a view of giving development, vigor, and flexibility to the parts concerned, rounding out the angles of the fleshy portion of the face, thus removing wrinkles, and by cleansing the pores of the skin, and improving the circulation and nutrition, materially clarifying, freshening, and otherwise improving the complexion.

To this end the face is divided by imaginary lines into certain distinct parts and particular procedures are applied to each part, according to the requirements of the case. Petrissage is administered by kneading the tissues outward from the mouth, eyes, and nasal openings, more or less compressing them with the thumb and fingers against the underlying bony surfaces, always working toward the points at which the blood vessels emerge.

In cases where the patient possesses a thinner face than ordinary the tissues of the cheek may be lightly grasped between the palmar surfaces of thumb and fingers and the petrissage administered as a kind of pinching movement so gently as not to bruise the tissues; the proceeding having, meanwhile, an essential anesthetic effect. Where indura-

tions are present the protected index finger may be introduced into the mouth and placed firmly against the cheek, while the petrissage is applied with the thumb.

In masseing the eye, all the surrounding muscles are given petrissage, especial care being taken to avoid the eyeballs. As to this procedure, Kellogg says:

"Massage above the eye will improve both the nerve and muscular tone of the eye, and in this way often relieves muscular asthenopia, frequently due to general weakening of the eye, which renders annoying or injurious, slight muscular inequalities which are not noticeable when the muscles are well developed."

The attention of those neurologists and oculists who think it necessary to operate upon every case of muscular asthenopia is especially called to this statement. The habit of rubbing the eye for relief, which prevails almost universally among persons thus suffering, is a strong suggestion of the utility of

massage administered systematically and in a skilful manner.

Facial massage for the removal of wrinkles is valued as a useful feature of the art, since wrinkles are not merely an evidence of advancing age, or of grief, but are often due, simply, to unhealthy tissues. The procedure is to apply friction and petrissage to the skin in a direction at right angles to the wrinkles, the manipulations sometimes including pinching, with a view to restoring the lost flexibility of the skin.

To hasten results the patient is to be instructed to cultivate a suitable facial expression, avoiding grimaces and frowns.

Compression of nerve trunks is often important in the treatment, and in the use of friction and kneading care must be taken to avoid irritation of the skin.

The six procedures usually employed in the general facial massage, are: digital kneading, petrissage, stroking, ear rolling, stroking along the inferior border of the lower jaw, and lastly, friction of the neck.

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**The dedication** of the Mt. Sinai Hospital, 17 Staniford Street, November 22, gives to Boston its first Jewish hospital. The Mt. Sinai Hospital Society is by no means a new organization, having established an out-patient department more than a year ago, at 105 Chambers Street. The success of this small beginning prompted the society to enlarge its quarters.

The amount of work done at the old quarters may be judged by the fact that more than 10,000 persons were treated there.

The new building is far better fitted for the work, having twenty-one well-lighted and

ventilated rooms. The building is heated by hot water and lighted by electricity.

On the first floor are the waiting room and drug department, children's room and a reception room. The second floor contains the women's department and out-patient surgical room; the third floor has the lavatory and two wards with four beds each. The fourth floor is divided into two wards, the ether room and the general surgical room. The top of the building has the kitchen, dining room and bedrooms for nurses.

The hospital is non-sectarian, but will make efforts to look after the Jewish poor.

## **The Less Serious Contagious Diseases of Childhood— Measles (Morbilli)**

**S. Virginia Lewis, M.S.N.**

**A**S A general thing, the trained nurse in private practise is not called upon to care for those common cases of contagion which menace childhood everywhere. Yet not infrequently is her advice solicited regarding not only the nursing treatment, but the meaning of peculiar symptoms, the probable duration of the complaint, or the question of sequelæ, etc., and that she should be able to furnish intelligent information is obvious.

While the laity ordinarily regard home nursing as adequate in certain maladies, yet, as this care devolves upon persons of very widely differing degrees of intelligence, every little sufferer has not an equal chance for making a good recovery. Especially is this the case where the family of the youthful patient has a history of tuberculosis.

It ought to be apparent to thoughtful mothers—much more apparent than it usually is—that an attack of measles or whooping cough, though certainly markedly less serious than scarlet fever or the dreaded diphtheria, is not on that account to be regarded as a trifling ailment. Indifferent care is responsible for so many weakly children, that the services of the trained nurse should be called into requisition much more frequently than they are; and when the child is of inherited delicate constitution, it should undoubtedly be entrusted to none but skilled nursing.

A common, but entirely erroneous impression, that seems to exist in every community, is that certain childish diseases are necessary; as though disease of any kind was ever necessary! Prob-

ably a reason for the belief lies in the fact that the disorders in question are so highly contagious that few persons reach adult years without having contracted at least one of them. As a result of this false idea of their "necessity," children have been purposely exposed by their parents to contagion, under the conviction that, as the child had to have the malady some time, it was expedient that he contract it before he should grow too old, when it might go harder with him.

Considering the subject of measles first, its period of incubation is reckoned at from eight to thirteen days. The prodromal stage lasts from three to five days, and is characterized by a chill; an immediate rise of temperature which sinks to normal in from twelve to twenty-four hours, increasing again to perhaps 104°, with morning remissions, until the second stage sets in; coryza; perhaps photophobia, hoarseness, and a dry cough.

The second, or eruptive stage, sets in upon the third or fifth, or more commonly upon the fourth day thereafter. The rash manifests itself first upon the face, the cheeks, or nose, and spreading so rapidly, that in one day the entire body is involved. The irregular patches of bright or dingy red spots are elevated sufficiently to impart to the skin a rough feeling; while in rare cases each spot may be crowned with a yellowish vesicle (morbilli miliaria). At the end of this first day, the rash has reached its height; the fever is also at its highest; and now follows the decline, nearly every symptom lessening in severity.

By the fourth day the eruption has disappeared, leaving copper colored stains upon the skin, owing to pigment deposits. Now there is an increase of the bronchial catarrh, owing to a similar eruption attacking the bronchial mucous membrane. The bronchitis alone sometimes persists for several weeks, during all of which time the child should be under the strict supervision of the doctor. In very young subjects (children under six months are claimed to be exempt from measles) the bronchitis results in lobular pneumonia. Another evil complication is a diarrhea, simulating dysentery, and sometimes very difficult to check. In rare cases there may be a bloody effusion into the measly patches, with perhaps severe hemorrhages from the nose, larynx, and other of the mucous membranes.

The child threatened with measles should be placed in bed, in a cool, well ventilated room. It is a common mistake among the laity to swelter the patient beneath a superfluity of bed clothes, and then to deny him cold water, in the hope of bringing out the rash. This is in direct opposition to proper treatment. Certainly chilling of the body is to be guarded against, yet the clothing should not be more than will keep the body comfortably warm. And as to water, free drinking of the grateful fluid, when pure and cold, should be encouraged, because its tendency is to hasten the appearance of the eruption—not to hinder it. Further than this, every nurse knows, or ought to know, the value of water in fever cases of any description, whether the patient be adult or tiny baby.

On account of the condition of the eyes the patient will, unfortunately, require to be denied that amount of light so beneficial otherwise; though while the

room should be well shaded, it ought not to be positively dark. Just here, no doubt, will be called to the mental vision of many a nurse, a picture of a sick-room under amateur management: almost inky darkness; a stifling temperature; an ill-smelling atmosphere; while somewhere from the recesses of this untoward combination is heard the wailing protest for water, water!

When the eyes are severely inflamed, frequent bathing with a saturated solution of boric acid will be found necessary. For adherent lids, apply cosmo-line or other preparation of petroleum. Should there be any doubt of its sterility, the bottle and contents should be subjected to boiling for at least half an hour; then remove with a sterile instrument, only what shall be sufficient for the immediate application. Cold compresses may be necessary; if so, tear clean, soft muslin or old linen into convenient squares, and keep them on ice handy for frequent renewals.

On account of irritated respiratory tubes, a kettle may be kept boiling to moisten the air.

Applications of sweet oil, or cosmo-line, will relieve the burning and itching of the skin; and as soon as the rash subsides a daily warm bath should be given, followed by thorough inunction of the body surface. This, besides contributing to the comfort of the patient, facilitates peeling of the skin, and prevents dissemination of the fine particles.

On account of a tendency to pneumonia, a woolen shirt is necessary; though should it add to the irritation already occasioned by the rash, a cotton gauze garment may be placed on first.

The mouth and nose call for unremitting cleanliness, of course, while all cloths used in such manipulations are to be burned.

On account of the possible diarrhea, there should be no deviation from the prescribed diet. The usual fever diet of milk, and other liquids, must be adhered to until orders are given for soft, and finally solid foods. To over feed is to court danger; and this is particularly true in the case of babies. In many instances they are allowed to nurse too frequently (unless the mother be admonished by the nurse), when a drink of cold water should be given instead.

Keep the feet warm, and the head cool. For the latter purpose, in moderate cases, cloths wrung from cold water and duly renewed will answer; in severe instances employ an ice cap.

The patient's dishes should be kept separate from others, and should have boiling water poured over them before washing. The nurse should isolate herself and patient, should the household contain a susceptible member; such isolation to extend for four weeks from the beginning of the attack. In the event of pneumonia, or a discharging nose or ear, the period is to be lengthened.

After decline of the fever, the room is to be kept comfortably warm, and well ventilated; and the child should not be removed therefrom until every symptom has disappeared. This is for the safety of the patient, as well as to protect other children.

A sequel among tubercular children is eczema of the face and scald; or a purulent inflammation of the middle ear; or sometimes a lung complication which terminates fatally.

A second attack of measles may occur in rare instances.

A malady known as German measles so closely simulates true measles that the symptoms are apt to mislead any excepting a physician. It is really an entirely different disease, and runs a mild course, and occurs but once in the same individual. An attack does not confer immunity from true measles.

Beyond the application of cooling washes for the skin, but little treatment is necessary. The disease rarely proves serious, and is only moderately contagious.



Such a Merry Christmas!

## Different Types of Typhoid Fever—Report of Cases

Estelle Kornegay

**T**YPHOID fever presents to the medical and nursing profession one of the most interesting and varied lines of study. The term "typhoid fever" always presents to us a severe illness, of uncertain prognosis, and of variable length. We are all familiar with it, and, I think, most of us begin a case with more or less anxiety. The many emergencies, and the constant watchfulness and care, requires a nurse who has been well trained, who has a good supply of common sense, who knows what to do, and does it immediately when emergencies arise; otherwise many patients would be lost. This dreaded disease takes many types and forms, and we can by no means say we know the disease when we have seen only one or two cases.

I wish to give a short report of a few cases, which I hope will prove of interest to your readers:

Case I.—Mrs. P., age 26. Two months before had given birth to healthy babe, was nursing child. Attack came on with high fever and chills; great irritability of stomach, headache, diarrhea. Patient soon became in a state of semi-stupor, but had no delirium. Was completely prostrated, not moving herself in any way; as limp and helpless as a paralyzed patient. Temperature ran at about the usual height, pulse 120. There was decided cardiac weakness from the first week, particularly showing itself during night. About the end of third week, from 11 P. M. to 3 A. M. there was decided stupor, pulse irregular and hardly perceptible; various stimulants used had no effect. After 3 A. M. there was some improvement. During following night tempera-

ture began falling about 11 P. M., and fell at the rate of a degree an hour, until at 8 A. M. it reached 96°. Profuse perspiration, great prostration. During day temperature would gradually rise, reaching its highest point at 12 M. and 8 P. M. This continued for three or four days, after which there was subnormal, finally getting to normal. Congested lungs, with terrific cough, cured by three applications of antiphlogistine, applied warm. Rapid recovery after fourth week. Duration six weeks.

Case II.—Female, age 18. Attack came on with high fever, headache, restlessness. During first few days temperature ran very high, 104-105°, pulse 116-120. Wildly delirious through night. Bowels at first constipated, after weeks continuous diarrhea. Patient unable to sleep any. Constant active and wild delirium. On fifth day abdomen much distended, breathing labored, pupils dilated; paroxysms of violent delirium, marked pallor, rigidity of limbs, nervous tremor. There was slight bronchial cough, small thready pulse, constant active delirium, persistent diarrhea, no sleep. Temperature 105-106°, pulse 130-140. End of first week, abdomen tense, pupils contracted, picking and grasping at imaginary objects. Extreme nervous condition, continued delirium, sometimes wild and frightened, sometimes muttering. Constant diarrhea continued, temperature continued to rise, finally reaching 107.6°, pulse grew weaker.

Patient died on the twelfth day.

Case III.—Male, age 24. Patient thought he had malaria and had been dosing himself with quinine, and continuing his business. At the end of first



week began having hemorrhages. Would have one every few hours for a while, then wait a few days and begin over again. Some were large, some were small, but the number was alarming. During four weeks time there were twenty-nine in all. There was constant delirium, which generally was only continuous talking, sometimes becoming a little violent, but usually persuasion was all that was necessary. Patient would talk all the time, day and night, on all kinds of subjects. Toward the end of third week he became more wakeful, not sleeping at all for several days and nights. Constant waving of hands in air and rolling head from side to side. This condition continued for about three days, with the addition of convulsive movements during the latter part of time. Slowly began getting a little sleep, and improved some, but delirium continued. During fourth week had Cheyne-Stokes' respiration for about four days, continuing at intervals for a longer period. The bowels were slightly constipated, the temperature ran from 102-103°, the pulse was always good, from 80-90. Patient had several relapses, but finally recovered. Duration of disease fifteen weeks.

Case IV.—Male, age 15. Attack came on with headache and diarrhea. No previous indisposition. Temperature high, after first day or two not going below 102.6°. pulse from 104-108. End of first week, some delirium, temperature very high, pulse good. Second week, very delirious at times, groaning almost constantly, very restless, temperature does not fall below 104°. Spells of frightened delirium, extremities cold, eyes congested. On twelfth day there was extreme pallor, cold extremities, nervous tremor, great prostration, difficulty in speaking. At 5 p.

m. pulse hardly perceptible, but responded immediately to whisky. On the thirteenth day pulse weak and thready all morning, and did not respond to whisky. At 11.30 A. M. hands cyanosed, stupor, no perceptible pulse. Stimulants given immediately hypodermatically. (Strych., glonoin, spts. fru.) External heat applied. In about twenty minutes patient rallied, but pulse continued weak and irregular at intervals. Patient had some diarrhea. End of third week subsultus, waving of hands in air, pulse very weak. Through day sleeping great deal, great prostration. All through third week had been unable to articulate at all. Fourth week, spells of mental confusions, great prostration. Patient recovered without further trouble.

Principal points of case; continued high fever, in spite of baths not dropping below 104° for several days; heart failure, unable to speak for nearly two weeks.

Treatment, Homeopathic.

Case V.—Female, age 28. Had not slept for several days, diarrhea, followed by constipation, severe headache, anorexia. Restless, moaning nights, temperature not very high, pulse 120. Continued about the same until end of third week, temperature dropped suddenly to 95° at 4 A. M., with profuse perspiration. Within a few hours began rising, until at 12 M. reached 102.3°, pulse 150, very troublesome cough. At 8 P. M. no perceptible pulse, condition of collapse. Stimulants applied immediately, hypodermatically, and patient slowly recovered from attack. These conditions were twice repeated during the following week. All through the week was a crisis, when it seemed any minute we might not have a patient any longer. On one of the days there was

stupor, weak, irregular pulse, labored breathing, circulation so poor that slight rubbing of the skin would cause red blotches; patient seemed in dying condition. The beginning of the fourth week brought slight improvement. Convalescence was very slow, heart remained weak all through. At the end of ten weeks the pulse was still 120. The patient made a very good re-

covery, and she has had no further trouble.

In conclusion, I may note that three of the cases mentioned had heart failure, two at the end of the third week, and one during second. Two of them it seemed improbable would ever survive the attack. This proves that while we are never safe, neither are we ever without hopes in the care of typhoid.

## **The Klinik and Bergen Hospitals of Bergen, Norway**

**Nellie M. Casey**

Graduate University Hospital, Philadelphia, Pa.

**T**HE delights of a pleasure trip to Europe this summer, which included in its itinerary Norway, the land of the midnight sun, was made intensely interesting by a visit to a Norwegian hospital.

Though our hours in Bergen were limited, still it so happened that I found myself, without any thought in the matter, seated in the parlor of the Klinik Hospital.

The Klinik is not a large hospital; it has four wards, or rather, large rooms, each holding six beds, and five private rooms. Men, women, and children are admitted, but there are no free patients. The operating room is on the second floor, and is quite modern and up-to-date in its appointments.

There are two graduate nurses on duty all day—one in charge of each floor. To assist the nurses there are some seven or eight women who fetch and carry for the nurses, and who clean, clean incessantly. At night there is a woman on duty, not a nurse, who performs any small services the patients

may require, and who, if necessary, calls upon the nurses for help. A critical case would have a special nurse to watch it.

The cleanliness of the Klinik is wonderful, but the kindness and courtesy extended all people—indiscriminately and in all ways—is marvelous.

There are no resident physicians, but any physician on the staff can bring his patient there for treatment or operation.

The Klinik was originally built by Professor Sandberg for his private hospital, but after being given charge of the Bergen Sygehaus (Hospital) the Klinik was sold to Dr. Frell, who is the present head. In his absence Dr. Sandberg takes charge and can at all times operate there, if his patient prefers it to the Bergens Sygehaus. The Klinik is beautifully situated on the outskirts of the city, and on an eminence; and is surrounded by a pretty garden, in which I saw some lovely roses in bloom.

The Klinik is not the largest hospital in Bergen, but it was the only one I had the pleasure of visiting.



**The Bergen Klink**



**The Bergen Sygehaus (City Hospital)**

The following description of the Bergens Sygehaus (city hospital) was furnished by the head nurse, who was trained in Edinburgh. "The Bergen Hospital is rather an old one. The oldest part was originally two private houses, two storied and wooden, to which two brick buildings have since been added. The consequence is that the wards are most irregular in size and position. It accommodates from 120-130 patients, half medical and half surgical. Half of the surgical is of a more modern date, and is built according to the barrack principle with the operating room in the middle. On either side are the male and female wards. These are very small, about thirty beds altogether in this building. These patients are in the care of two day nurses and one night nurse. Any serious case has a 'special' nurse to attend to it. The septic cases are all kept in part of the old building and have their own theater which is always kept ready and warm for any casualties that may come in.

"There are no wards reserved especially for children, and, on the whole, there are very few admitted, since the diphtheria cases are sent to another hospital lately.

"One wing is set apart for typhoids—most of the patients pay for them-

selves; if they are unable to do so, their parish or the town pays for them.

"There are only three medical and three surgical rooms for private patients.

"The nursing staff consists of two head nurses, who have received their training abroad; one in the Berlin Victoria House, the other at the Royal Infirmary, Edinburgh. The nurses belong to the Red Cross Society. There are fourteen or fifteen altogether, of which four are on night duty. They receive two years training and attend a course of lectures given by three of the doctors. They are on night duty one month at a time.

"The chief surgeon, Dr. Sandberg, is also governor of the hospital and resides there with his family. The house surgeon and house physician are alternately on duty. Any trifling accident that comes in, forms the private practise of the one on duty. The medical chief lives in town; the chiefs have each an assistant, who also practises in town and lives there."

Besides the Klinik and Sygehaus, there are a Roman Catholic Hospital, which is quite large and commodious, and two leper hospitals. Had our stay been longer, I should have tried to learn something of the leper hospital.



## Questions Suggested From Regents Examinations

Submitted By Esther Robertson

### ANATOMY.

1.—Name the structures that compose and are in immediate connection with the eyeball.

2.—The anatomy and position of the normal heart.

3.—Give the anatomy of the whole auditory apparatus.

4.—What fluids of the body are intended for its nutrition?

5.—What is the location of the right kidney, and what viscera are in relation to it?

6.—What are the principal parts of the nervous system?

7.—Describe the cartilages of the larynx.

8.—Name the bones of the tarsus and give their articulation.

9.—Describe the femoral artery.

10.—Locate and describe the stomach.

11.—Of what bones is the wrist joints composed, and what kind of an articulation is it?

12.—Describe the brachial artery.

13.—Describe the lachrymal apparatus.

14.—Describe the circle of Willis.

15.—How are the veins divided?

16.—What are the lymphatics?

17.—Describe the uterus and its appendages.

18.—Give in detail the circulation of the liver.

19.—What is the difference between voluntary and involuntary muscle fiber? Give example of each, and one of both.

20.—Describe the alimentary canal together with the accessory organs of digestion.

21.—Give action of diaphragm.

22.—Describe the peritoneum.

23.—Give relations of the spleen.

24.—What is the office of the inferior vena cava?

25.—Name the branches of the abdominal aorta.

### PHYSIOLOGY AND HYGIENE.

1.—Name two important ductless glands of the body; give their physiology.

2.—What digestive fluid is secreted in the intestinal canal; source and function.

3.—What diseases should be reported to the board of health? How soon?

4.—What is the best natural germ-killer for individuals.

5.—What is the average quantity of air daily used by one person in respiration?

6.—What is the function of perspiration?

7.—Describe capillary circulation.

8.—Describe coagulation of the blood.

9.—What one substance is found in greatest abundance in the human body-function?

10.—Describe the process of deglutition; nerve supply.

11.—What acid is found in the gastric juice? How formed?

12.—Describe your process of disinfecting a room with formalin.

13.—What is the simple filtration of water for domestic supply? How produced and with what result?

14.—What effect has impure water upon the public health?

15.—What is the difference between a catch basin and a cesspool?

16.—Describe the peristaltic motion of stomach and intestines.

17.—Why is food that is tasteless, though nutritive, digested with difficulty?

18.—Why are green vegetables healthful as articles of diet?

19.—Discuss physiologically the action of alcoholic drinks taken into the system.

20.—What is the influence of the

respiratory movement upon the normal pulse curve?

21.—Where is the vasomotor center located? Over what does it preside?

22.—Mention three so-called preventable diseases. How would you prevent in each instance?

23.—What is the mode of propagation of communicable diseases?

24.—Describe the mechanism of vomiting.

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### Things Undone

It isn't the things we do, dears,  
It's the things we leave undone,  
That give us the bit of heart ache  
At the setting of the sun.

The medicine forgotten,  
The record we did not write  
The pain we might have relieved, dears,  
Are our haunting ghosts to-night.

The brow we might have soothed,  
Just in a kindly way,  
The bit of cheery counsel  
We were hurried too much to say.

The loving touch of the hand, dears,  
The gentle and patient tone  
That we had no time nor thought for—  
With troubles enough of our own.

The thought we might have taken  
The tactful way to be kind,  
These chances to be angels,  
Which even nurses find.

They come in the day and night time,  
Bringing joy and a happy smile  
Where hope is faint and flagging,  
And the heart is sad for a while.

For life is all too short, dears,  
And our work is all too great  
For sympathy to linger  
And tarry until too late.

For it's not the things we do, dears,  
It's the things we leave undone  
That give us a bit of heart ache  
At the setting of the sun.

L. B. S.



# Department of Army Nursing

**Dita H. Kinney**

Superintendent Army Nurse Corps

## Amended Regulations Governing the Army Nurse Corps

The War Department issued, November 16, 1903, General Orders No. 54. These are the amended regulations governing the Army Nurse Corps. The changes, though slight, are of sufficient importance to warrant the issue of a new order. As most nurses have copies of the old regulations, we will simply call attention to the changes. We find the first change in paragraph 4 which is as follows:

4. The appointments and discharges of nurses shall be made by the Surgeon General with the approval of the Secretary of War.

(a) Nurses may be discharged from the service (1) at any time when their services are no longer needed, (2) on account of illness, and (3) for misconduct. Recommendation for the discharge of a nurse on account of misconduct will be submitted to the Surgeon General, with a report of the facts after a careful investigation, of which she shall have due notice, and at which she shall have a fair opportunity to be heard in her own defense, and when so discharged, the indorsement on the appointment indicating discharge, as provided in paragraph 4 (d) of this order, will state "for misconduct" and the word "honorably" will be omitted.

It will be noted that among the causes for which a nurse may be discharged, clause 2 in General Order No. 49 has been entirely omitted in the amended regulations. It is the desire of the Surgeon General to have the rules governing the Nurse Corps con-

form as closely as possible to the rules governing other branches of the service, and during the five years existence of the Army Nurse Corps, there have been many instances where it was felt that the right given in the regulations to request discharge, reacted disadvantageously to the best interests of the service—hence the change.

We also note that section *b* of this same paragraph is entirely new:

(b) A nurse requesting discharge before the expiration of the three years stipulated in her appointment, will ordinarily be required to refund to the government the amount of her transportation and necessary expenses incurred in obeying her first order. The amount of such reimbursement will be fixed by the Quartermaster General, and payment in accordance therewith will be made to the nearest quartermaster. Requests for discharge must be made to the Surgeon General, and the reasons therefor must be given, supported by a full statement of the facts in the case. An official copy of the order directing her first journey at Government expense must be inclosed. A nurse discharged under this paragraph will not be given orders to proceed to her home.

The Surgeon General may at his discretion waive the provisions of this paragraph.

That this may work no hardship upon those who are forced to request discharge, the closing sentence has been added, leaving it discretionary with the Surgeon General to enforce or

not the penalties of the paragraph. In the form of the appointment the words "at least" have been inserted before "three years." This was done to obviate the necessity of reappointing nurses at the termination of three years for another term of three years. It was felt that having given meritorious service for that length of time it was desirable to leave it an open question with them as to how much longer they would serve, not forcing them to accept another appointment for another term of three years. Many might feel disinclined to commit themselves who would, if the question were not brought to a decision, continue to serve indefinitely.

Section *h*, paragraph 5, changes only the routine procedure of handling surplus nurses.

(*h*) Should there be a surplus of nurses at any hospital the officer in charge will immediately report the fact to the chief surgeon, who will forward the report to the Surgeon General. In the Division of the Philippines the chief surgeon will recommend to the Commanding General that surplus nurses be returned to the United States, with directions to report immediately on arrival to the Chief Surgeon of the Department of California, who will place them on temporary duty and request instructions from the Surgeon General.

Paragraph 13, *l* and *m*, requires monthly efficiency reports from all hospitals instead of quarterly. It is found desirable to keep this office more closely in touch and informed as to the character of the work being done.

(*l*) The chief nurse will render efficiency reports of the nurses serving under her on the last day of each month.

(*m*) When a nurse changes station the chief nurse will prepare a report on her efficiency and forward it, through the commanding officer of the hospital she is leaving, to the commanding officer of her new station. This report will be attached to the first

efficiency report made to the Surgeon General after her arrival.

The handling of efficiency reports is also changed in accordance with the precedent established by the Medical Department in the case of its officers.

(*a*) The officer in charge of a hospital will forward to the Surgeon General, through the chief surgeon, the monthly efficiency reports, prepared by the chief nurse, stating whether or not he concurs in the grading reported by her. He will also indorse thereon his report of the efficiency of the chief nurse, specifying in detail the character of the services rendered by her. (See paragraph 13 (*i*) and (*m*).)

#### ARMY NOTES

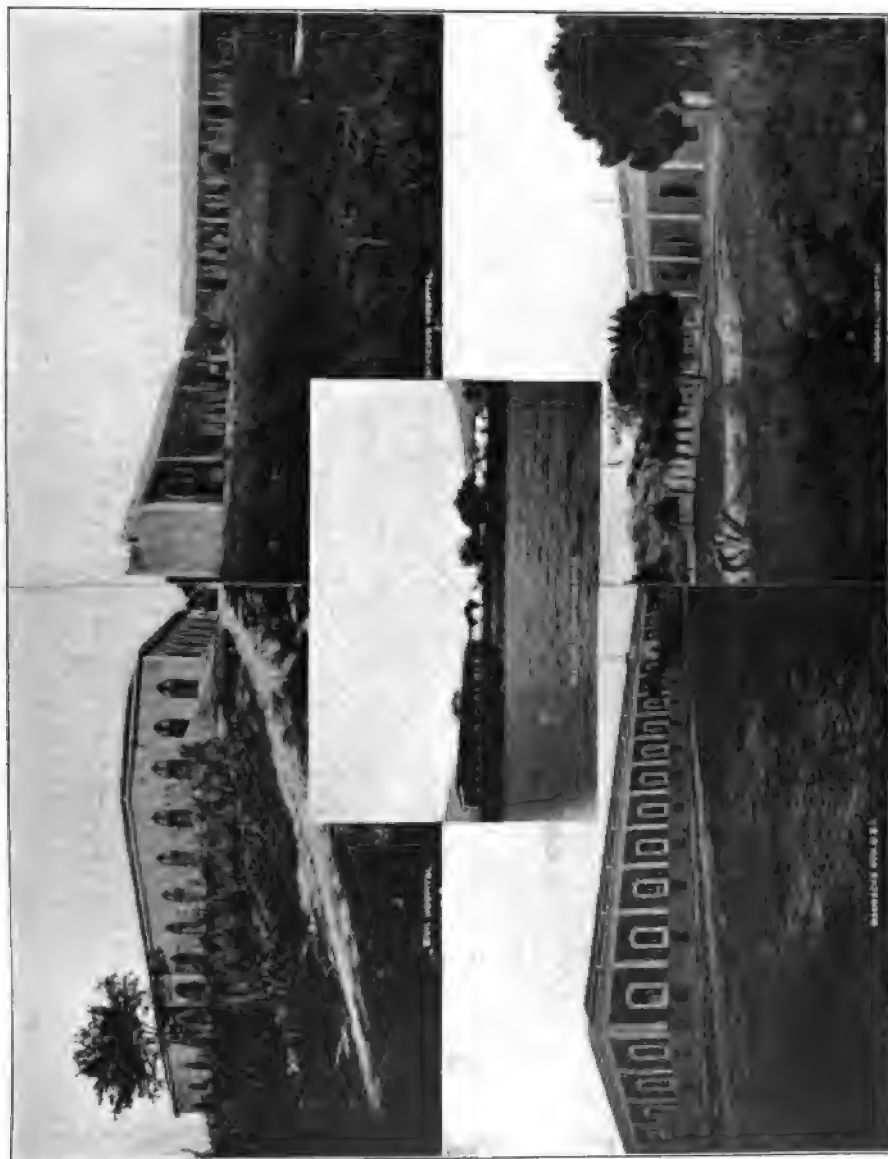
Mrs. Emilyn P. Mann arrived on the transport *Sumner*, in New York, after a trip of sixty-five days from Manila via the Suez. Mrs. Mann reports the trip as one of unusual interest because it included, beside the usual stops, Bombay and Cairo, both cities of wonderful beauty and extraordinary interest. After having leave, Mrs. Mann will be assigned to duty at the General Hospital, Presidio, San Francisco. After four years in the tropics it will, no doubt, be an agreeable and wholesome change, and one which is always of great benefit to nurses coming home.

On December 1, Miss Mary C. Hally, recently re-appointed, sailed for the Philippines, and nurses Anna B. Chamberlin and Helen Grant Hunt are under orders to sail January 1, 1904.

Miss Sibbie Wilson, after a long service at the General Hospital, Presidio, has been transferred to Fort Bayard for duty; and Mrs. Mary B. Hall, recently returned from the Philippines, has been assigned to the same station.

During the month there has been but one discharge—that of an old army nurse, Stella Smith. Conditions in her home required her presence, and after so long a service she felt that she was





HOSPITALS AND BARRACKS, SANTIAGO, CUBA.

not justified in longer ignoring the call. The best wishes of the superintendent and all the members of the corps go with her.

Nurse Minnie A. Winslow, of Detroit, Mich., who has already had nearly three years of service in the army, was re-appointed to fill the vacancy made by Miss Smith's discharge. Miss Winslow has been assigned to duty at the General Hospital, San Francisco.

Congratulations are in order for Mrs. Allen Dinsmore Wallis, formerly Miss Jane Wright Proctor, who was married November 30, from her home in Philadelphia. None who have ever known Miss Proctor can think of her without remembering her sweetness of disposition and absolute unselfishness, and all of these will join with the present members of the corps in most heartfelt felicitations.



EL CANEY CHURCH, SANTIAGO, CUBA,

# The Diet Kitchen

Mary Caldwell

## BATTERS AND DOUGHS (CONTINUED).

The batters previously written about were made light by beating and the use of eggs. There are other batters which are made light by the use of baking powder. Baking powder is most frequently made of cream of tartar and baking soda in the proportion of one part baking soda to four parts of cream of tartar. In solution these unite and form carbon dioxide. As enough moisture can be absorbed by the soda, from the air, to start the formation of the carbon dioxide, a little cornstarch is therefore added by the manufacturer to take up moisture and keep the powder dry. Cream of tartar being only partly soluble without heat, very little of the gas is set free until the mixture is put into the oven. As the gas expands, the batter rises and, by the time the gas is fully set free, the heat sets the batter and imprisons it. If the oven is too hot, a crust will form before the batter is fully risen, if not hot enough, the gas will break through and escape, in either case the bread will be heavy.

When making baking powder batter, the baking powder should be added to the flour and sifted with it, and mixed with the other dry ingredients, such as sugar, salt, spices, or whatever may be put into the mixture, while the wet ingredients should be mixed by themselves. Then when both mixtures are ready, and the pans and ovens are in proper condition, put the two mixtures quickly together and put them into the oven at once.

## BEATEN BISCUIT.

To two cups of flour add half a table-

spoonful of lard and half a teaspoon of salt. Rub the lard well through the flour. Moisten gradually with half a cup of cold water, and work the dough until it will hold together, then beat with a mallet or heavy implement until it is pliable and blisters. When it reaches this condition roll out, cut into cakes the size desired, prick several times with a fork, and bake in a hot oven twenty-five minutes—or until nicely browned.

## BAKING POWDER BISCUIT.

Two cups of flour, one cup of sweet milk, two teaspoons baking powder, one half teaspoon salt. Sift the salt, baking powder, and flour together, add the milk, and beat to a smooth dough. Turn upon a well floured board, dust with flour, and roll into a sheet about an inch in thickness. Dip the biscuit cutter in flour, cut the sheet of dough into cakes, lay in a baking pan, and bake in a quick oven until thoroughly done.

## WHEAT MUFFINS.

One and a half cups of flour, one cup of milk, two tablespoonfuls of melted butter, two teaspoons of baking powder, two eggs, a pinch of salt. Sift the baking powder, salt, and flour into a mixing bowl, add the milk and yolks of eggs, beat until very light, then add the melted butter, and lastly the whites of the eggs beaten stiff. Bake half an hour.

## RICE MUFFINS.

One and a half cups of flour, one cup of sweet milk, one cup of boiled rice, two tablespoons of melted butter, two teaspoons of baking powder, two eggs.

Sift the baking powder, salt, and flour into a mixing bowl, add milk and yolks of eggs, beat until very light, add the melted butter, then the boiled rice, which stir evenly through the mixture with a fork, and lastly fold in the whites of the eggs beaten stiff. Bake half an hour.

#### FRENCH PANCAKES.

One cup of milk, half a cup of flour, three eggs, one tablespoon of olive oil or melted butter, one teaspoonful of granulated sugar, half a teaspoonful of salt. Sift flour, sugar, and salt together, add oil, the yolks of eggs, and one third of the milk, beat until very light, then gradually add the remainder of the milk, stirring meanwhile, and lastly fold in the whites of the eggs beaten stiff. Put a teaspoonful of olive oil on the

griddle, when hot, pour upon it one third of the batter. Turn when brown, and when baked, lift from the griddle, and spread with powdered sugar and cinnamon; or spread lightly with rich preserves or marmalade, or roll up, dust the outside with the pulverized sugar, sear with a hot iron and serve at breakfast or luncheon.

#### BOSTON BROWN BREAD.

Two cups corn meal, two cups graham flour, one cup New Orleans molasses, three cups sour milk or buttermilk, three even teaspoons soda, two even teaspoons salt. Mix together meal, flour, soda, and salt, add the molasses and milk, stir thoroughly, pour into a well greased mould, cover closely and then steam for four or five hours.

### In the Diet Book

Within this little "diet" book,  
Keep your rules for things to cook.  
When the patients go to sleep,  
Plan them something good to eat.  
Serve each soup, and toast the bread,  
Daintily, we've always said.  
Do not make the things too sweet,  
Always season all the meat.  
Do not fail to keep things hot,  
Yours is then a happy lot.  
When the folks are sick and bad,  
Do not let them make you sad.  
Fix them something good to eat,  
They will think it quite a treat.  
Then with smiles and sunny airs  
We can drive away their cares.  
So the training days pass merrily,  
When we do our duties cheerily.  
So the years fly swiftly by,  
And we think without a sigh—  
How we learned to broil and cook,  
When we kept this little book.

L. B. S.



CONVALESCENT WARD, DECORATED FOR HALLOWE'EN PARTY  
MANHATTAN STATE HOSPITAL, WARD'S ISLAND, N. Y.



THE SAME WARD, DECORATED FOR CHRISTMAS

# Editorially Speaking

## An Official Decision

New York State nurses who have been asking the question, "Must we register in order to practise nursing?" will be interested in the official decision recently given by Attorney General Cunnene in which he declares that it is *not* necessary for nurses to procure registered nurses certificates, and points out that the law does *not* forbid people from nursing because they are not registered nurses. This opinion was given in answer to a letter from the State Lunacy Commission. The State Board of Regents has forwarded to each hospital blank applications for a certificate as registered nurse, and in connection therewith, states as requirements: a photograph; certificates of moral character; evidence of professional training and experience; certified checks, post-office order, or express money order for \$5. When these reached the State Hospitals, the nurses made a decided protest. They expressed themselves as satisfied with their present status as nurses, and objected to filling out the applications and to the other requirements.

This action on the part of the nurses was followed by a letter from the Lunacy Commission to the Attorney-General, asking whether the filling of these applications on the part of these nurses was required under the statute. In his reply to the State Lunacy Commission, the Attorney-General says: "The statute does not limit the right to practise nursing to registered nurses only; it does not require a Regents' certificate, or even a course of study in a training school for nurses, as a condition precedent to the right to practise

nursing; it prescribes the conditions upon which one may obtain the right to the title of 'registered nurse,' but does not require unregistered nurses to discontinue their occupation. The statute merely prohibits persons who are not registered nurses from assuming the title, or using any abbreviation, word, letter, or figure to indicate that they are so registered."

This decision is in accordance with the statements we have made from time to time through the columns of our magazine. To our mind the bill is so clear on this point that we hardly understand how there can be a question raised in regard to it. It is simply a matter of title, and that rests entirely with the nurse. There is no compulsory examination, registration, or fee unless one wants to use the title "Registered Nurse." In that case one must fill the requirements of the statute.

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**Endowed Nurses** All agree that the scientific nursing of the sick is one of the greatest blessings of the age in which we live. It is also agreed that this is a benevolent and charitable age, and that we desire to see our poor enjoy, to the greatest extent possible, all the advantages of medicine and nursing enjoyed by the rich. Hence our great public hospitals and free dispensaries.

We recognize the fact that humanity would be saved untold suffering were it possible to send more trained nurses into the homes of the poor, not only to care for them in illness, but to teach the simple sanitary laws. But in nursing, as in other professions, "the workman is worthy of his hire," and the woman who

has spent two or three years in acquiring a profession, and one which demands not only all her time, but an enormous expenditure of health and strength, cannot give her services for little or nothing, even in so good a cause, and is justified in asking adequate compensation.

In order to bring trained nurses to the poor, certain benevolent people band together and from what is known as District or Visiting Nurses' Associations, but these associations are for the most part dependent on popular subscription, and the work is often hampered by lack of funds, notwithstanding the great benefits afforded the community at large.

District or visiting nursing is one of the grandest charities to which any man or woman can contribute either money or service, its benefits are unlimited and inestimable, and this fact being universally recognized, it is strange that so far as we can learn there has been no *endowed nurse*. No philanthropist has as yet left a fund in perpetuity for the support of trained nurses for the poor. Therefore on the threshold of the new year we want you to join us in a resolve that we will try, during 1904, to turn some of the millions given to charity into endowments for district nursing. You can do more than we. If each nurse who reads this magazine would do her best to interest the rich with whom she comes in contact, every year would see thousands given to this most worthy charity.

We want to hear from our readers concerning this matter. We want ideas and suggestions, which may help us to get this before the philanthropic thousands of the country. You who have nursed among the poor, are likely to have the most practical ideas, and it is

from you, especially, we expect most help.

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#### A Happy New Year

Progress is the result of dissatisfaction with existing conditions.

It can be no secret to you, dear reader, that notwithstanding the high standard to which we have brought and maintained THE TRAINED NURSE AND HOSPITAL REVIEW, we want to make it *better yet* in 1904.

The constant and loyal support of our subscribers and their enthusiastic appreciation makes it a very delightful duty for us to requite them by giving them the best possible magazine we can compile.

So much space has been taken in this issue for the Civil Service and other reports, that we cannot give as we had intended a list of the attractions for 1904, but we can assure our readers that we will add both to the educational and news value of the magazine.

Although THE TRAINED NURSE AND HOSPITAL REVIEW is now well in its sixteenth year, the work has lost none of its early interest. The letters we receive daily show us that we have been a material and spiritual help to many a discouraged nurse. Therefore, in spite of the constantly increasing volume of work, the natural accompaniment of a growing business, we cheerfully take up the labor of another year.

To all our subscribers we wish a happy and successful New Year, full of unbroken good resolutions.

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#### Fever Nursing

Through the courtesy of author and publishers, we are pleased to present to our readers an article taken from a forthcoming book on Fever Nursing by Dr. Reynold W. Wilcox, Professor of Medi-

cine, New York Post-Graduate Medical School and Hospital. This will be a very thorough work and is based upon the course of study in this subject conducted by the author in the Fahnstock Training School for Nurses of the Post-Graduate College and Hospital, New York city. The important subject of Fever Nursing will be thoroughly considered. We shall print in our forthcoming issue a more detailed description giving table of contents and additional facts concerning the work.

**Cuban Pictures** The photographs reproduced on pages 29 and 30 of this issue, should recall pleasant memories to all army nurses and others who have served in Santiago de Cuba, and should be of interest to all our readers.

We take this opportunity to thank Miss Rose M. Heavern for their use.

They were taken during the spring of 1899, at which time, we recollect, Miss Heavern was head nurse at the military hospital at Santiago.

Of El Caney Church, she says: "We visited this church in May, 1899, and it was sad to see that the souvenir fiends had completely wrecked what was once the interior of a beautiful church. It was in this church that the reconcentrados were housed during the battle of El Caney and San Juan Hill."

The views on page 29 represent some of the hospitals in Santiago de Cuba and the barracks of the Fifth United States Infantry as they looked in the spring of 1899.

**Announcement** We beg to announce that any of our readers who desire an index of THE TRAINED NURSE for the year 1903, will be supplied upon request.



Hospital Church, Trondjem, Norway.



# In the Nursing World

**Indiana Nurses** The organization of the Indiana State Nurses' Association was perfected November 27, at Fort Wayne, by the election of the following officers: President, Mrs. E. G. Fournier, Hope Hospital, Fort Wayne; first vice-president, Miss M. Henderson, Union Hospital, Terre Haute; second vice-president, Miss L. Hill, Fort Wayne; secretary, Miss M. Scott, Indianapolis; treasurer, Miss P. Grant, City Hospital, Indianapolis.

The following were appointed heads of the standing committees with power to select their own associates: Nominating, Miss C. Speechley, Fort Wayne; arrangements, Miss M. Scott, Indianapolis; credentials, Miss E. Johnson, Indianapolis; by-laws, Miss S. Bolten, Evansville; legislation, Sister Stella, Indianapolis; publication, Miss A. Clark, Fort Wayne.

**District of Columbia Nurses** A representative number of the graduate trained nurses of Washington met at the Columbia University Hospital recently, and formed a permanent organization. Miss Georgia Nevins, of Garfield Hospital, was elected president. The society is representative of about 200 members. The qualifications for membership are a diploma from any recognized training school and two years' experience in hospital service.

Commissioner Macfarland, together with Health Officer Woodward, has prepared the draft of a bill to be presented for the consideration of Congress governing the regulation and registration of professional trained nurses in the District of Columbia. It is expressly provided that it shall not be construed to interfere with any one nursing the sick, as it is only to be applied to the profession.

The bill establishes an examining board of five nurses to be appointed by the Commissioners, and says any person who applies for registration shall pay a fee of \$10 therefor, and be registered if she satisfies the authorities that she is over twenty-one years of age, a nurse of ability, and of good moral character. An exception is given, providing that a nurse who has been engaged in nursing in

the District during the year preceding the enactment of the law shall pay for her registration only \$5. The nurses' examining board is to work in conjunction with the board of medical supervisors of the District.

The bill provides that any violation of the law shall be punished by a fine not exceeding \$200, or by imprisonment in the workhouse of the District for a period not exceeding six months, or by both fine and imprisonment.

**Butler Epidemic** The terrible epidemic of typhoid fever at Butler, Pa., has drawn doctors and nurses from many parts of the State. The medical work has been well organized, and it is understood that there are now enough doctors and nurses for present requirements. Sixteen hundred cases have been reported. The epidemic is supposed to be the result of a polluted water supply.

**Lincoln Hospital Nurses** The graduating exercises of the class of 1903, Training School for Nurses of Lincoln Hospital and Home, New York city, were held at the Academy of Medicine on the evening of December 11. The address to the graduating class was by Mr. Robert T. Ogden. The graduates are Miss Sadie Electa Poole, Mrs. Ernestine E. Jackson, Miss Anna E. Anderson, Miss Louise Mae Wright, Miss Minnie R. King, Miss Miranda E. Conley, Miss Julia M. Coggsell, Miss Frances L. Johnson, Mrs. Hortense E. Trent, Mrs. Martha J. G. Johnson, Miss Pernella A. Jefferson, and Miss Lulu L. Nixon.

A practical demonstration was given by the graduating class at the hospital, Thursday, December 10, from half-past two to four. All departments of the hospital were open for inspection.

**Buffalo N. A.** The December meeting of the Buffalo Nurses' Association was held in the Guard of Honor Rooms, on the 7th inst., at 3 P. M., the president in the chair. In the absence of Miss Snetsinger, the corresponding secretary read the minutes of the last meeting, which were accepted as read.

Reports were heard from the treasurer and the chairman of the Program and Entertainment committees. Miss Nye, delegate from the association to the New York Federation, held in Utica, N. Y., November 9, gave her financial report. The report proper, which was prepared with much care, and will be most interesting, was held over to the January meeting, at which all nurses and club women interested in Federation work will be most welcome. A letter from Mrs. Charles De Garmo, chairman Library Committee, W. N. Y. F., was read and a short discussion ensued, the club concluding that press of home work, this year, makes it impossible to touch upon the subject.

Miss Thomas, a recent graduate of the Buffalo Homeopathic Hospital, was admitted to membership.

After the business meeting the club settled down to an afternoon's sewing for the Christmas contribution it will make to the District Nurses for distribution. Each member brought a doll, a toy, or an article of clothing, and while work went on industriously, Mr. Charles McCreary, basso, of Trinity choir, accompanied by Mrs. Denham, gave a delightful musical program.

At five o'clock, Miss Overton, chairman Refreshment Committee, served cake and ices in one of the upper rooms, from a table daintily decked in red and white, the members coming back to the association room for one more song, Mr. McCreary giving enthusiastically Bispham's popular arrangement of "Drink to Me Only With Thine Eyes." Mrs. Struck, superintendent of the Woman's Hospital, invited the nurses to meet there Monday, December 14, to continue the sewing, after which the meeting adjourned.

MARY LOUISE DRAKE,  
Cor. Sec. B. N. A.

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**New York Polyclinic Nurses** The New York Polyclinic Nurses gave a farewell reception at the Nurses' Rooms, in honor of Miss Lottie A. Hortop and Miss May Ganong, who completed their post-graduate course at the New York Polyclinic Medical School and Hospital. The nurses present were: Misses Toul Wright, Maude Northwood, Elinor Grant, Emma Harding, Julia H. Eismann, Anna M. Gee, and Sarah Watts. The evening was much enjoyed, with one re-

gret—that our supervising nurse, Miss Agnes D. Carson, could not be present.

■

**Post-Graduate Nurses' A. A.** The nurses' alumnae of the New York Post-Graduate Hospital is reorganizing, with headquarters to be at the Marie Fahnestock Home, and under the auspices of the hospital. A full attendance at the regular meeting in December is earnestly desired.

The December meeting of the Alumnae Association was adjourned without having accomplished any definite business. The next meeting will be held the first Tuesday in January.

■

**Pittston, Pa. Training School** A training school for nurses has been opened in connection with the Pittston Hospital, under direction of the superintendent, Mrs. Helen Castro. The first class will consist of six nurses, and the usual course of lectures will be given by the attending surgeons and physicians.

■

**Jewish Hospital Nurses' A. A.** The regular monthly meeting of the Nurses' Alumnae Association of the Jewish Hospital, Philadelphia, was held in the lecture room of the hospital Tuesday afternoon, December 1. Eleven members present. After the routine business had been transacted, the chairman of Committee of Arrangements reported having secured the Walnut Street Theater for a benefit on January 25, 26, and 27, the play to be "Mrs. Wiggs of the Cabbage Patch." All the members present took tickets to sell, and have shown considerable enthusiasm in the work. The proceeds of this benefit will go toward the endowment fund, which has just been started with \$12 in a savings bank.

The problem of securing a charter for our training school, state legislation, and the work of the "Pennsylvania Society of Graduate Nurses," took up the remainder of the hour, and after accepting an invitation from Miss Reiff, the night supervisor of the hospital, to meet her in the nurses' home at the close of the meeting, motion was made to adjourn.

REBECCA R. HALSEY,  
Secretary.

**Brooklyn Hospital N. A. A.** The regular monthly meeting of our association was held on Tuesday afternoon, December 1. There were thirty members present.

All graduates of our school will be pleased to know that the Ladies' Auxiliary of the Brooklyn Hospital Training School unanimously decided at their last meeting that graduates could return to the hospital for a post-graduate course without the payment of \$5 per week, as heretofore.

The treasurer of the fair committee reported that a little over \$639 had been cleared at the Fair, which was held on November 19 and 20.

The meeting was then adjourned.

HARRIETTE M. SOULE, Secretary.

**Nurses for Japan** Our readers will be much interested in the following letters, which explain themselves:

"OCTOBER 29, 1903.

"To His Excellency, the Minister from Japan, Washington, D. C.

"Sir: Through your Excellency, I have the honor to offer to your government, if war should be declared, the services of a party of American ex-army nurses to assist in nursing the sick and wounded of the Japanese army. The party would consist exclusively of women who have graduated from our well-equipped training schools for nurses, requiring two or three years' residence and work in a hospital, and who have also had large experience in their profession since graduation. A part of their experience was gained by regular service in the army of the United States during the Spanish War, and the Philippine and Chinese campaigns, so that they are familiar with camp life and accustomed to army discipline.

"Approximately 2,000 were appointed to our army during the years when the Nurse Corps was in my charge (under immediate direction of Surgeon-General Sternberg), and 600 of those who served in 1898 belong to the Association of Spanish-American War Nurses, which was organized over three years ago, and of which I have the honor to be president. The number to constitute the proposed party will, of course, depend on your wishes and on the amount of contributions to be received from the American people. Each nurse would be pledged to remain

at least six months, if needed so long. I take the liberty of suggesting that I could start almost immediately after a declaration of war, taking with me a few nurses with the highest degree of surgical skill, and that additional nurses could be cabled for if the need arose.

"I presume you would desire to furnish quarters and rations from the time of arrival in Japan.

"With the earnest hope that this expression of friendship from the people of the United States will meet with the approval and sanction of your government, I have the honor to be, with high consideration, your obedient servant,

"ANITA NEWCOMB MCGEE

"(1898-1901 Acting Assistant Surgeon of the United States Army, in Charge of Army Nurse Corps.)"

Minister Takahira replied as follows:

"OCTOBER 31, 1903.

"Mrs. Anita Newcomb McGee, President of the Association of Spanish-American War Nurses, Washington, D. C.

"Madame: I have the honor to acknowledge the receipt of your letter of the 29th instant, and feel deeply impressed by your offer to my government of the services of the American ex-army nurses now belonging to the association under your presidency, in case they should be needed for the Japanese army.

"While undoubtedly my government will highly appreciate the generous motives which animate you and the worthy ladies associated with you in making this offer, I doubt whether occasion will arise for its acceptance. It has been invariably the aim and policy of Japan to maintain relations of friendship with all foreign countries, and although there have been numerous rumors recently of a disturbed condition of affairs in the far East, I sincerely believe that the efforts of my government and of others who have the like feeling at heart, to use every proper and honorable means to preserve peace, will be crowned with success.

"At the same time, I can assure you that the friendship and sympathy on the part of the American ladies who devote their efforts to the noble objects of your association of which your letter is so graceful an evidence, will be widely and cordially recognized in Japan, and, to that end, I shall take pleasure in com-

municating it to my government at the earliest opportunity. Very respectfully yours,

"K. TAKAHIRA."

"LONDON, Sunday."

"To the Editor of the *Herald*:

"Japanese ladies in London, meeting at the Imperial Japanese Legation under the presidency of the Viscountess Hayashi, have heard with inexpressible joy and gratitude of the generous action taken by Mrs. Anita Newcomb McGee and six hundred American ladies in volunteering their services as nurses with the Japanese army in the sad event of war.

"They desire to offer those ladies by the present message a tribute of sisterly affection and thanks for such a deed of womanly sympathy. They consider that by this example East and West have embraced and that the girdle of humanity has been clasped in good will and amity around the whole globe.

"MISAO HAYASHI.

"TAMA ARNOLD."

The signatures attached to the above letter are those of the wife of Viscount Hayashi, Envoy Extraordinary and Minister Plenipotentiary of Japan at the court of St. James, and Lady Arnold, the wife of Sir Edwin Arnold, the well known poet and journalist.

Minister Takahira says that among the evidences of American good will so abundantly shown to his country, none would awaken deeper gratitude or more sincere admiration in Japan than the offer of Dr. McGee.

#### Trained Nurse Indian Service

The United States Civil Service Commission announces an examination on January 5, 1904, at the places mentioned in the accompanying list, to secure eligibles from which to make certification to fill the following-named vacancies in the position of trained nurse in the Indian Service, and other similar vacancies as they may occur:

Riverside School, Wisconsin, \$600 per annum.

Osage School, Oklahoma, \$600 per annum.

Fort Totten School, North Dakota, \$600 per annum.

Chilocco School, Oklahoma, \$600 per annum.

Hayward School, Wisconsin, \$600 per annum.

Navaho School, Arizona, \$660 per annum.

Albuquerque School, New Mexico, \$720 per annum.

The examination will consist of the subjects mentioned below, which will be weighted as follows:

Subjects.	Weights.
1. Anatomy and physiology.....	5
2. Hygiene of the sickroom.....	20
3. General nursing.....	20
4. Surgical nursing.....	20
5. Obstetrical nursing.....	20
6. Experience in nursing.....	15

Total ..... 100

The scope of the subjects in this examination is that covered by the customary course of study in recognized training schools for nurses or in the standard text-books prepared for the instruction of students in nursing.

Age limit, twenty years or over.

This examination is open to all citizens of the United States who comply with the requirements. Competitors will be rated without regard to any consideration other than the qualifications shown in their examination papers, and eligibles will be certified strictly in accordance with the civil service law and rules.

Persons who desire to compete should at once apply either to the United States Civil Service Commission, Washington, D. C., or to the secretary of the local board of examiners at the places mentioned in the accompanying list, for application Form 1312, which should be properly executed and filed with the Commission at Washington. In applying for this examination the exact title as given at the head of this announcement should be used in the application.

Persons who are unable to file their formal applications and who notify the Commission of this fact, either by letter or telegram, with the request that they be permitted to take the examination, will be examined, subject to the subsequent filing of their applications, provided their requests are received at the Commission in sufficient time to ship examination papers.

UNITED STATES CIVIL SERVICE COMMISSION,  
WASHINGTON, D. C.

The examination referred to in the accompanying announcement may be taken on the date mentioned therein at any of the places named below. No request will be granted for

examination on any other date or at any other place. Application blanks may be secured from the secretary of the local board at any of the following-named places. At places marked "C. H." applicants should apply at the custom house; at other places application should be made at the post-office:

Alabama.—Birmingham, Mobile, Montgomery.

Arizona.—Phoenix, Prescott, Tucson.

Arkansas.—Fort Smith, Little Rock, Texarkana.

California.—Fresno, Los Angeles, Marysville, San Francisco.

Colorado.—Denver, Durango, Grand Junction, Pueblo, Trinidad.

Connecticut.—Hartford, Middletown, New Haven.

Delaware.—Wilmington.

District of Columbia.—Washington.

Florida.—Jacksonville, Key West, Pensacola, Tampa.

Georgia.—Athens, Atlanta, Augusta, Macon, Savannah, Thomasville.

Hawaii.—Honolulu (C. H.).

Idaho.—Boise, Moscow.

Illinois.—Chicago, Peoria, Springfield.

Indiana.—Evansville, Fort Wayne, Indianapolis, Lafayette.

Indian Territory.—Ardmore, Muskogee, South McAlester.

Iowa.—Des Moines, Dubuque, Fort Madison, Iowa City, Mason City, Sioux City.

Kansas.—Fort Scott, Salina, Topeka, Wichita.

Kentucky.—Lexington, Louisville, Paducah.

Louisiana.—Baton Rouge, New Orleans (C. H.), Shreveport.

Maine.—Bangor, Houlton, Machias (C. H.), Portland.

Maryland.—Baltimore, Cumberland, Salisbury.

Massachusetts.—Boston, Greenfield, and Springfield.

Michigan.—Detroit, Grand Rapids, Manistee, Marquette, Saginaw, Sault Ste. Marie.

Minnesota.—Duluth, Mankato, St. Paul.

Mississippi.—Greenville, Meridian, Vicksburg.

Missouri.—Jefferson City, Kansas City, Kirksville, Springfield, St. Louis.

Montana.—Billings, Bozeman, Butte, Great Falls, Helena, Missoula.

Nebraska.—Grand Island, Lincoln, Omaha.

Nevada.—Reno.

New Hampshire.—Claremont, Concord, Keene, Portsmouth.

New Jersey.—Trenton.

New Mexico.—Albuquerque, Las Vegas.

New York.—Albany, Buffalo, Ithaca, New York, Plattsburg (C. H.), Syracuse, Utica.

North Carolina.—Asheville, Charlotte, Raleigh, Wilmington.

North Dakota.—Fargo, Grand Forks, Pembina (C. H.).

Ohio.—Cincinnati, Cleveland, Columbus, Ironton, Toledo, Zanesville.

Oklahoma.—Enid, Guthrie, Oklahoma.

Oregon.—Astoria, Baker City, Eugene, Portland.

Pennsylvania.—Bellefonte, Bethlehem, Harrisburg, Philadelphia, Pittsburg, Scranton, Warren, Williamsport.

Porto Rico.—San Juan.

Rhode Island.—Providence.

South Carolina.—Charleston, Columbia, Greenville.

South Dakota.—Aberdeen, Deadwood, Sioux Falls, Watertown.

Tennessee.—Bristol, Chattanooga, Knoxville, Memphis, Nashville.

Texas.—El Paso, Fort Worth, Houston, San Antonio, Waco.

Utah.—Logan, Salt Lake City.

Vermont.—Montpelier, Rutland, St. Johnsbury.

Virginia.—Lynchburg, Norfolk, Richmond, Roanoke, Staunton.

Washington.—Tacoma, Port Townsend (C. H.), Spokane, Walla Walla, Whatcom.

West Virginia.—Charleston, Fairmont, Parkersburg.

Wisconsin.—Appleton, Ashland, Chippewa Falls, La Crosse, Madison, Marinette, Milwaukee.

Wyoming.—Cheyenne, Laramie.

**Trained Nurse Philippine Service** The United States Civil Service Commission announces an examination on December 30, 1903, at the places mentioned in the accompanying list,\* to secure eligibles from which to make certification to fill two vacancies in the position of trained nurse in the Philippine Service, at \$720 per annum

\*The list being the same as that given in the Indian Nursing Service announcements, it is not duplicated here.

with board and quarters, and other similar vacancies as they may occur in that service.

The examination will consist of the subjects mentioned below, which will be weighted as follows:

Subjects.	Weights.
1. Anatomy and physiology.....	5
2. Hygiene of the sickroom.....	20
3. General nursing.....	20
4. Surgical nursing.....	20
5. Obstetrical nursing.....	20
6. Experience in nursing.....	15
—	
Total .....	100

The scope of the subjects in this examination is that covered by the customary course of study in recognized training schools for nurses or in the standard text-books prepared for the instruction of students in nursing.

Applicants must be graduates of recognized training schools and have had one year's subsequent hospital work. They should be qualified as dietists.

Each applicant will be required to submit to the examiner, on the day he or she is examined, a recent photograph, not more than three years old, of himself or herself, which will be filed with his or her examination papers, as a means of identification in case he or she receives appointment. An unmounted photograph is preferred. The date, place, and kind of examination, the examination number, and the year in which the photograph was taken should be indicated on the photograph.

Age limit, eighteen to thirty-five years.

This examination is open to all citizens of the United States who comply with the requirements, and offers an excellent opportunity to enter a service which has many attractive features and to see a most interesting part of the world. China and Japan are near at hand and are favorite places to visit during vacations. The Philippine Service is classified, and the law contemplates promotions on the basis of merit from the lowest to the highest positions. The climate is good and nearly all of the employees are in excellent health.

Appointees are expected to pay their traveling expenses from their places of residence to Manila, but if it is found necessary for the Philippine Government to bear any part of such traveling expenses, 10 per cent. of the

monthly salary of the employee will be retained until the amount retained is equal to the amount borne by the Government. At the expiration of two years' satisfactory service the actual and necessary traveling expenses borne by an employee in proceeding to Manila will be refunded to him. He will be allowed half salary from the date of embarkation and full salary from the date of his arrival in the islands, provided that he proceeds directly to the islands; otherwise, he will be allowed half salary for such time only as is ordinarily required to perform the journey by the route directed. The half salary allowed him from the date of embarkation until his arrival in the islands will not be paid until after two years of satisfactory service. Each employee will be required to sign an agreement to serve at least two years in the Philippines unless sooner released by the civil governor or proper head of department.

A person who has been employed continuously in the Philippine Service for three years or more is, upon his request when retiring from that service, furnished transportation from Manila to San Francisco, and is allowed half salary for thirty days in addition to full salary for the period which he may be granted as leave of absence.

The following information relative to employment in the Philippine Service has been recently furnished by the Philippine Civil Service Board:

**Climate and Clothing.**—There is continuous warm weather in the Philippines, but the heat is not intense, and the general health of American civilians who take reasonable care of themselves is good. During the greater part of the year Americans suffer less from the heat than during the summer months in many parts of the United States. From April to July is the hottest period. From July to October there are frequent rains which cool the atmosphere, and from about the middle of November to the middle of March the weather is, as a rule, clear and pleasant. The nights during this period are cool; in fact, the nights are generally pleasant during the whole of the year, with the exception of possibly two or three months.

Americans usually dress in white drill suits. Those who come to the Philippines will find it to their financial advantage to wait until they reach Manila before purchasing any

clothing for use in this climate. Serviceable white cotton drill suits are made to order in Manila for about \$3 each. Heavier clothing, adapted to the climate at times, can also be purchased at very reasonable prices.

**Medical attendance.**—At present medical attendance is furnished to employees, in Manila, without cost. A civil hospital has been established in Manila, to the wards of which civilians are admitted at a uniform charge of \$1 per day, with medical and surgical attendance, medical supplies, nursing, and food included. Those who desire private rooms are required to pay from \$10 to \$20 per week.

**Cost of living.**—Those who live outside of Manila can live fairly well for \$30 or less a month. In Manila the cost to employees is determined largely by the manner of living. Many who rent rooms and live in messes keep their living expenses in the neighborhood of \$35 to \$40 a month. The better hotels charge about \$40 to \$50 a month, while the best hotels are higher in their rates. A civil commissary has been established, the advantages of which are available to civilians in the provinces, but not in Manila. The large number of dwellings now being erected warrants the prediction of a material decrease in rents during the year.

Competitors will be rated without regard to any consideration other than the qualifications shown in their examination papers.

Persons who desire to compete should at once apply to the United States Civil Service Commission, Washington, D. C., for application Forms 2 and 375, which should be properly executed and filed with the Commission at Washington. In applying, the exact title of the examination as given in this announcement should be used in the application.

Persons who are unable to file their formal application and who notify the Commission of this fact, either by letter or telegram, with the request that they be permitted to take the examination, will be examined, provided their requests are received at the Commission in sufficient time to ship examination papers.

Issued December 11, 1903.

**Phoenixville Hospital Nurses** The Phoenixville (Pa.) Hospital Training School for Nurses held its third annual commencement November 17, 1903.

The following interesting program was carried out:

Prayer, Rev. Wm. H. Burbank.

Song, selection, Miss Sue Richards.

Address, Edward Martin, M.D., clinical professor of surgery, U. of P.

Instrumental music, Mrs. F. George Lippert, Miss Martha D. Pennypacker.

Presentation of diplomas by Hon. Levi B. Kaler, president board of trustees.

Song, selection, Miss Sue Richards.

Presentation of badges from Woman's Auxiliary by Mr. Moritz G. Lippert, secretary board of trustees.

Instrumental music, Mrs. F. George Lippert.

Presentation of prizes from Medical Staff.

Song, selection, Miss Sue Richards.

The graduates are: Amanda E. Fassnacht, Teresa C. O'Connell, M. Blanche Finger, A. Maud Burt, Maree A. Henry, Annie Gilchrist.

Massage and Swedish Movements.—Aimee Josephine Pennypacker.

**New York City T. S. N.** On December 2 the new wing which has just been completed, of the Nurses' Home on Blackwell's Island, headquarters of the New York City Training School, was formally opened. The exercises took place at 4 P. M., the buildings having been opened for inspection from 3 to 4 and after 6 P. M., refreshments being served from 5 to 6 P. M. and 11 to 12. The home was decorated throughout with holly and Christmas greens, and Berger's popular Hungarian orchestra furnished the music for both the afternoon and evening.

On account of the size of the buildings it was decided to give a distinct name to each section, a name that would recall the history of the school, as it had been borne by ladies who were very closely connected with the school.

The original building of the Nurses' Home was therefore named for Miss Louise Lee Schuyler, who was the originator of the State Charities Aid Work, and the wing just completed in honor of Mrs. Cadwalader Jones, who has been the chairman of the advisory board of the school for a great many years. The third building, the wing in process of construction, was named Rice Hall after Mrs. Wm. B. Rice, who has been

vice-president of the State Aid Association almost since its beginning.

Plans are also under way for a fourth section, which is to contain kitchens and dining room and other necessary rooms for the help of the home.

Jones Hall, just completed, is a four story stone building, 35 by 107 feet, and contains single bedrooms for forty-four nurses, large bath and toilet rooms on each floor, and on the ground floor a large assembly hall about 30 by 90 feet which for daily use is the drawing room and lecture room. These rooms are separated by folding doors which permits of the two rooms being thrown into one on public occasions. At the rear of the building there is an isolating section, consisting of two rooms and a complete bathroom.

Rice Hall, in process of construction, will contain the same number of single sleeping rooms and on the ground floor two laboratories, one for chemical work and the other for dietetics, also the general offices of the training school.

The unveiling of the tablets of these buildings was done by three little girls, who presented a large bouquet of roses to each lady for whom the building was named. The little girls themselves were afterward presented with large dolls dressed as nurses.

The commissioner himself was presented with a silver inkstand, in the lid of which was imbedded the badge of the school, as a gift of the pupils and officers of the school.

At the close of the exercises three large keys were presented to the superintendent of the school as a souvenir of the occasion and with them a large bunch of violets, presented from the junior officers of the school.

The following letter of regret was received from President Roosevelt:

WHITE HOUSE,  
WASHINGTON, Nov. 28, 1903.

MY DEAR MR. FOLKS:—I greatly wish I could be present on December 2 at the opening of the City Training School for Nurses. I wish it especially because it has been my good fortune to know and to work with Mrs. Cadwalader Jones, Miss Louisa Lee Schuyler, and Mrs. William B. Rice, and I should like to testify my regard for them while congratulating you, and also those associated with you, upon being connected with so admirable a work, but unfortunately it is simply

out of the question for me to come. So all I can do is to send you my best wishes,

Sincerely yours,

(Signed) THEODORE ROOSEVELT.

MR. HOMER FOLKS,  
Commissioner, Department Public  
Charities, New York City.

#### ORDER OF EXERCISES.

Hon. Homer Folks, Commissioner of Public Charities, chairman.

Opening Prayer, Rt. Rev. Henry C. Potter, Bishop of New York.

Dedicatory Address (unable to be present), Hon. Seth Low, Mayor.

Address, Hon. Homer Folks, Commissioner of Public Charities.

Unveiling of Tablets.

Schuyler Hall by Miss Lalitha Folks.

Jones Hall by Miss Gertrude Gilmour.

Rice Hall by Miss Gertrude Folks.

Addresses.

Mrs. Cadwalader Jones, Chairman of Advisory Board of the School.

Dr. Edward S. Peck, Chairman Examining Board.

Dr. John W. Brannan (unable to be present), President Board of Directors Bellevue and Allied Hospitals.

Benediction, Rt. Rev. Joseph A. Mooney, Mgr.



The adjourned monthly meeting of the A. A. of H. G. S. *Hospital of Good Shepherd N. A. A.* was held at the Nurses' Home, 105 Waverly Avenue, at 3 P. M. on December 5, 1903. About sixteen members attended. One new member, Miss Madge Wolcott, was admitted, making a total membership of fifty-three. By resolutions duly made and carried, it was voted to send a donation of ten (\$10.00) dollars to the teachers' course at Columbia College, and also that ten (\$10.00) dollars be forwarded to Miss Mary S. Gilmour as a contribution toward the testimonials to be given by the New York State Nurses' Association to Senator Armstrong and Miss Allerton, the valuable and helpful work of whom the members of the A. A. duly and warmly appreciate.

Other routine business being transacted, the meeting was addressed by Bishop Huntington, who always finds something helpful to say, and never fails, when speaking to



nurses, to make them feel his deep sympathy in their work and his personal affection for them. Miss Erskine followed with some delightful songs.

After serving refreshments, the meeting adjourned.

LOIS L. GANNETT,  
Corresponding Secretary.

#### **Woman's Hospital N. A. A.**

The regular monthly meeting of the Woman's Hospital Nurses' Alumnae Association of Philadelphia, Pa., was held at 1227 Arch Street, December 9, at 3 P. M. There was a large attendance of members and visitors. After a short business meeting the remaining time was devoted to entertaining the graduate class of 1903.

JANE LOVE,  
Recording Secretary.

#### **Guild of St. Barnabas**

Fourteen branches of nurses were represented in the annual council of the Guild of St. Barnabas, held in the Church of the Good Shepherd at Hartford, November 13. Bishop Courtland Whitehead of Pittsburg presided and was re-elected chaplain general. Mrs. Howe, secretary general, and Miss Jack, treasurer general, were also re-elected.

The school nurses of New York city gave a reception December 8 at Mendelssohn Hall on West Fortieth Street, in honor of Dr. Ernst J. Lederle, commissioner of the Health Department. Dr. and Mrs. Lederle and Mr. and Mrs. Herbert Parsons were among the guests. The occasion was the successful completion of the first year of nursing work in the public schools.

#### **Thirtieth Anniversary**

In celebration of the thirtieth anniversary of the Alumnae Association of the Boston and Massachusetts General Hospital Training Schools, exercises were held November 24 in the amphitheater in the new out-patient building. Miss M. E. P. Davis presided, and addresses were made by Miss Linda Richards, the first superintendent of the school, and Dr. Richard Cabot, a member of the advisory board of the institution, who congratulated the school on the successful work accomplished under the methods of its superinten-

dent, Miss Dolliver. After the address, refreshments were served in the main hall.

#### **University Hos- pital A. A.**

The regular monthly meeting of the Alumnae Association of University Hospital, Philadelphia, Pa., was held Monday, December 7, 1903, at 3 P. M. and was called to order by the president, Miss Rudden.

The "Endowed Room Fund" now amounts to \$2,131.32—not yet half the necessary amount. The committee to raise funds for this object, reported through Miss Giberson that no requests would be made until after the Christmas holidays.

The following committee was appointed to interview Miss Smith and the hospital chiefs regarding a registering board for nurses to be kept at the University Hospital. Miss Dunn, chairman; Miss S. Giberson, and Miss Damm.

The president reminded the members that copies of the "Third International Congress" were yet on hand, to be disposed of at one dollar (\$1.00) each.

Miss Mary Stockdale was admitted into membership in the association. Meeting adjourned. NELLIE M. CASEY, Secretary.

#### **Philadelphia Co. N. A.**

In the absence of a quorum the Philadelphia County Nurses' Association held no meeting on Wednesday, December 9, 1903.

Mrs. Watmough, who had been invited to come to this meeting to tell the association something of the work of the Consumer's League, talked informally to the members present, while tea was served.

NELLIE M. CASEY, Secretary pro. tem.

#### **Long Island Col- lege N. A. A.**

The regular meeting of the A. A. of the Training School for Nurses of the L. I. C. Hospital was held Tuesday, December 8. It was announced by the president, Miss Davids, that the association was now incorporated. The new constitution and by-laws were unanimously adopted. After the discussion of some further business the meeting adjourned. A paper on Modern Surgery was then given by Dr. Francis William Campbell, showing how the advance of surgery called for the very highest intelligence and efficiency of the trained nurse. The paper was deeply interesting throughout and full of inspiration for

nurses, by all of whom it was very highly appreciated.

**Camp Roosevelt** A social meeting of Camp Roosevelt was held on December 7 at 3 p. m., at 155 East Eighty-third Street, New York. The attendance was good and one new member increased our roll call to forty-five. Announcement was made of the illness of Miss Elizabeth Irwin, S.-A. W. N. and member of this camp. Miss Irwin is at 2340 Seventh Avenue, and would be glad to see any of her friends who could call.

A vote of thanks was given Dr. McGee for her photograph, which she has presented to Camp Roosevelt. The next meeting will be on Monday, January 4, at 3 p. m., and all S.-A. W. Nurses are invited. At this meeting will be a "grab bag" toward which members are urgently requested to contribute, sending all articles to Miss Haltern at 155 East Eighty-third Street. A large attendance is asked for, as at this meeting many important business matters are to be discussed. A comrade's greeting from Camp Roosevelt, and best wishes for a happy and prosperous New Year. Don't forget, girls, it's "1904."

FLORENCE W. KELLY, Lieutenant.

**New York City T. S. A. A.** The Alumnae Association of the New York City Training School held its regular monthly meeting on Tuesday, December 8, at the Academy of Medicine, 17 West Forty-third Street, the usual routine of business being transacted. Dr. Wm. M. Bell gave a very interesting lecture on his three years' experience in the Philippines. Officers elected for the coming year are as follows:

President, Miss J. A. Silver; first vice-president, Mrs. H. F. Porter Ingersoll; second vice-president, Miss J. L. Simmons; recording secretary, Miss Grace Forman; corresponding secretary, Mrs. J. M. Lyron; financial secretary, Mrs. C. Stevenson; treasurer, Miss M. C. Drew; trustees, Miss Helen Sheehan, Miss T. Le Febvre, Mrs. W. J. Mitchell.

Meeting adjourned to the banquet hall for the usual cup of tea.

PHOEBE M. MITCHELL,  
Corresponding Secretary.

**Northern N. Y. N. A.** The Association of Nurses of Northern New York held its regular monthly meeting December 9, at the Albany Hospital, Miss Lord, the vice-president, presiding. There was a large attendance in spite of the stormy weather, including several nurses from out of town, and seven new members joined the association. The program of the afternoon included a lecture on "Radium" by Dr. A. T. Laird and a demonstration of the X rays by Mr. William S. Kirtley, chief engineer of the Albany Hospital. At the close of the meeting, Miss MacDonnell, superintendent of the training school, served refreshments.

**Williamsport (Pa.) A. A.** The Alumnae Association of the graduate nurses of the City Hospital, Williamsport, Pa., was reorganized April, 1903, with eleven members, with the following officers:

President, Miss Allie Pennington; vice-president, Miss Mary E. Kunkle; secretary, Mrs. Ida Gundrum; treasurer, Miss Clara Petit.

The meetings are held once a month in the parlors of the Nurses' Home. The association has since increased to a membership of thirty-five members.

**Christ Hospital A. A.** The annual meeting of the Alumnae Association of Christ Hospital, Jersey City, was held at the hospital, Friday, November 27, 1903, at 3 p. m., and the following officers were elected for the coming year:

Mrs. N. Speedling, president; Miss E. McLean, first vice-president; Miss L. Russell, second vice-president; Miss M. Fyfe, secretary; Miss H. Jordan, treasurer.

Notice has just been received by the Christ Hospital Alumnae Association of the death of two of its members: Mrs. Gause, who died in September after a serious operation, and Miss Anna O'Connor, who died the latter part of July after an operation for appendicitis.

**St. Luke's A. A.** The graduates of St. Luke's Hospital, Cedar Rapids, Iowa, met at the hospital December 11, and organized an alumnae association. Mrs. Cyrus Metcalf was elected president.

Miss Sallie Van Metre, former superin-

tendent and graduate of St. Luke's, was appointed delegate to the State Nurses' Association, which meets in January, 1904, at Des Moines, Iowa.

MARGARET SMYTH, Secretary.

**Worcester Co. N. A.** An association of nurses of Worcester County was organized December 2 at Worcester, Mass. The meeting was held at the nurses' home of the City Hospital, and was in response to a call sent out by Miss E. D. Ayers, superintendent of nurses at City Hospital. The following officers were elected:

President, Miss Ayers; vice-president, Mrs. Albert Oakes, superintendent of the training school at Burbank Hospital, Fitchburg; secretary and treasurer, Miss J. C. Mackin of the Isolation Hospital; executive committee, the officers already named and Miss Bertha L. Flint of Clinton, Miss Oriola Boynton of the Insane Asylum, Summer Street, Miss S. L. Nourse of the Nurses' Home, 35 Benefit Street, Miss Maddock of Fitchburg; committee to draft a constitution and by-laws, Miss Rachael Metcalfe, chairman, Miss Cecelia M. F. Morrilly, Miss Brown.

Miss Harriet E. Perie, of the Woodlawn Home, acted as secretary pro tem.

**The Nurse and Public's Health** Miss M. E. Lent, head of the Instructive Visiting Nurses' Association of Baltimore, recently discovered an epidemic of typhoid fever in a section of that city and through the work of the nurses of the association the source of the infection was traced. Health Commissioner Bisley considers this association, next to the police department, the best adjunct to the health department in the city.

**Two Nurses Asphyxiated** A report from Baltimore states that two nurses in the Maryland General Hospital, Miss Helen Kaufman and Miss Nellie Pollard, were asphyxiated by illuminating gas December 6 in their room at the hospital. When found Miss Kaufman was dead, and little hope was entertained for the recovery of Miss Pollard. It is supposed the asphyxiation was due to carelessness with a gas heater.

**District Nurse Assn.** A district nurse association has been organized in Woburn, Mass. Its aim will be to provide trained nurses for those who are not able to pay the regular fee for such service. Ex-Mayor William F. Davis was elected president of the association.

**New Jersey State N. A.** The second annual meeting of the New Jersey State Nurses' Association was held at Mercer Hospital, Trenton, N. J., December 1. There were thirty delegates in attendance from various parts of the State.

Dr. William Elmer, medical director of the hospital, gave the address of welcome and Mrs. J. F. Peterson responded.

Francis B. Lee, counsellor and historian, of that city, delivered an address on legislation, in which he urged the nurses to use every influence for the passage of State laws for their betterment.

The secretary read her annual report, which covered routine matters. The treasurer's report showed a good cash balance in hand.

A report of the recent meetings of the State Federation of Women's Clubs was read.

One of the most important measures to come before the session was a resolution providing for the amendment of the legislative bill allowing nurses from foreign countries to practise in this State. After a general discussion the resolution was adopted.

The following officers were elected:

President, Miss Bertha Gardner, Orange Memorial Hospital; first vice-president, Mrs. Janette F. Peterson, Paterson Central Hospital; second vice-president, Miss Mary Mason, Newark City Hospital; secretary, Miss Laura McHale, St. Joseph's Hospital, Paterson; treasurer, Miss Catherine Neafsey, Newark German Hospital; trustees, Miss Martha E. Galatian, St. Barnabas Hospital, Newark; Mrs. Daniel Cook, Trenton; Mrs. A. A. Stephens, Orange Training School for Nurses.

The following were appointed members of the Executive Committee: Mrs. Janette F. Peterson, Miss Catherine Neafsey, Miss Martha E. Galatian, Miss Laura MacHale, and Miss Bertha J. Gardner.

It was voted to send a delegate to the International Congress of Nurses, which will be held at Berlin during the summer of 1904. A

committee was appointed to complete arrangements for the election of a delegate and a special meeting will be held the first part of the year for that purpose.

The next convention of the association will be held at St. Barnabas Hospital, Newark, N. J.

#### **Special Meeting P. G. H. A. A.**

At a special meeting, called on the afternoon of December 18, all members of the former Alumnae Association of Nurses from the Post-Graduate Hospital, New York city, resigned in a body and then reorganized and elected officers for the ensuing year, with Miss Erlicher, of the class of 1897, as president. The first regular meeting will be held the first Tuesday in January.

#### **Announcement**

The committee on publication of the Graduate Nurses' Association of the State of Pennsylvania wishes to announce that it has been found impossible to have the reports of Pittsburg meeting published in pamphlet form as was originally intended.

#### **S.-A. W. Nurses**

The resignation of Mrs. Harriet Camp Lounsbery as treasurer and corresponding secretary of the Spanish-American War Nurses is announced. Miss Rebecca Jackson, of Overbrook, Pa., has been elected by the executive committee as her successor, and all money should be sent to her.

The society is informed that at the annual meeting of the Spanish War Veterans at New Haven, in September last, the following resolution was introduced by Major Frank W. Hendley, surgeon general of that organization, and passed:

"Whereas for the first time in the history of this organization, the society known as the Spanish-American War Nurses' Association has seen fit to hold its convention at the same time and place as this order, and;

"Whereas, The main object and purpose of these two orders are to preserve the memories of the war with Spain and to foster a broad spirit of patriotism and humanity, now, therefore, be it

"Resolved, That the soldiers and sailors of the Spanish War will ever hold in grateful remembrance the invaluable service and devotion to duty which was constantly ex-

hibited by the women who ministered to the sick and disabled in the camps, hospitals, and hospital ships during our service and we extend to them our hearty greetings and congratulations; and further

"Resolved, That the National Army and Navy Spanish War Veterans in annual convention assembled extends greetings to the Spanish-American War Nurses' Association and wish them a hearty God speed in their work; and further

"Resolved, That these resolutions be spread upon the minutes and a copy transmitted to the Spanish-American War Nurses' Association."

#### **Protestant Hosp. A. A.**

The graduate nurses of the Protestant Hospital, Columbus, Ohio, have organized an alumnae association with a charter membership of thirty-five.

The association was formed mainly to promote the welfare of its members both from a social and professional standpoint.

These officers have been elected: President, Miss Elizabeth Allen; first vice-president, Miss Olive D. Sinkey; second vice-president, Miss Nellie Beekman; recording secretary, Miss Belle Snodgrass; corresponding secretary, Miss Jeannette R. Evans; treasurer, Miss Florence N. Schryver.

A committee consisting of Misses Allen, Drs. Sina B. Welch and Schryver was appointed to draft a constitution.

Among the charter members enrolled were: Elizabeth Allen, Mrs. Dr. Kuhn, Nellie Beekman, Harriette A. Frenzell, Ella Hastings, Mary A. Grener, Bernice Krouskopf, Eda M. Lucas, Margaret McMurchy, Arretta B. Mellotte, Marietta Pierson, Belle Snodgrass, Ella M. Stolz, Victoria M. Sampson, Florence N. Schryver, Olive D. Sinkey, Catherine Smythe, Dr. Sina B. Welch, Lena J. Jackson, Clara Dressler, Margaret Kneirium, Nora Johnson, Mary J. Steele, Jeanette R. Evans, Louise Helwinkle, Anna Helwinkle, and Dollie J. Ellis.

The next meeting of the association will be held January 20.

#### **Personal**

Miss Irene T. Fallon, assistant superintendent of the Cambria Hospital, Johnstown, Pa., has been elected superintendent of the Westmoreland Hospital in Greensburg, Pa., to succeed Miss

Ida Woodburn, resigned. Miss Fallon assumed her duties at the Cambria Hospital October 8, after an experience in the work extending over many years. Like Miss Stites, the superintendent, she is a graduate of the training school in connection with the Cooper Hospital in Camden, N. J., finishing in 1894. She then did private nursing and was connected with the Chestnut Hill Hospital, Philadelphia; the Mercer Hospital, Trenton; Presbyterian Hospital, Philadelphia, and Cooper Hospital, Camden.

Miss Fallon is in every way competent to assume the responsible duties of superintendent at the Westmoreland County institution, and those with whom she has been associated at Johnstown will be sorry to have her leave.

Miss Maude Northwood, after completing nine months' post-graduate course at the New York Polyclinic Medical School and Hospital, has accepted the position as assistant supervising nurse; and Miss Eleanor Grant as head nurse of private operating room.

Miss Helen Garratt has been appointed superintendent of nurses of the Davis Memorial Hospital, Elkins, W. Va. Miss Mary D. Strobel is in charge of operating room.

Miss Clara Bartlett Peck has been appointed a head nurse at the Massachusetts Homeopathic Hospital, Boston, Mass.

Miss Featherstone, of Montreal, has succeeded Miss Bessie Brennan as assistant superintendent of the St. Albans (Vt.) Hospital. Miss Brennan will go to New York to take a post-graduate course at the General Memorial Hospital.

Miss Alice I. Twitchell, who has been superintendent of the S. R. Smith Infirmary at New Brighton, S. I., for the past eight years, has tendered her resignation to the board of directors of the institution.

Miss Lee has been appointed a nurse of the Victorian Order for Hamilton, Ont., to succeed Miss Wilson whose two year term has expired. Miss Lee received her training in New York city.

Miss Jessie Quinby, of Binghamton, N. Y.,

graduate of the City Hospital, has accepted the position of matron of Manhattan State Hospital, East Ward's Island, New York city.

**Married** Miss Beatrice Purcell was married November 25 to Mr. M. J. O'Connor at St. Joseph's Church, One Hundred and Twenty-fifth Street and Columbus Avenue, New York city, by the pastor, Rev. Father Hartman. Mr. and Mrs. O'Connor left at once for Old Point Comfort. After visiting Richmond, Washington, Norfolk, and Atlantic City, they returned to New York, and sailed for Europe, and will spend the next three months touring the continent. Miss Purcell is a graduate of St. Marks' Hospital Training School, Brooklyn, N. Y., class of '98.

At Atlantic City, N. J., November 7, Miss Helen E. Williams, of Newport, R. I., and Mr. Stuart Abbott of Belvidere, N. J. Miss Williams is a graduate of the Douglas Memorial Hospital of Philadelphia, Pa., class of '99.

On the evening of October 26, Mrs. Minnie S. Brown to Mr. Clarence C. Scovell, both of New York city. The bride is a graduate of the Post-Graduate Hospital Training School for Nurses.

**Obituary** There has just passed away at the Townsend Cottage, Bellevue, N. Y., one who heroically gave her life to humanity. For many years Dr. Hortense A. Miller was connected with works of charity out West, in Chicago, Denver, Philadelphia, and New Orleans. She was born in Boston and was the daughter of Eliphalit Hamlin and Katherine Hardy, descendants of the Earl of Clarendon. At the age of 17, she married Edward Miller, of South Hadley, Mass., he soon after became ill and for eight years she traveled with him all over the world, patiently administering to his wants. After his death, eighteen years ago, she went to Ann Arbor and graduated as a physician from the University of Michigan. She then devoted her life and her money helping the poor and needy and doing good. I have heard her say that she did not study medicine for the money she could make, but for

the good that she could do. In 1897 she went to New Orleans and volunteered her services during the terrible epidemic of yellow fever. For three months she worked bravely, saving many lives, but finally yielded to that terrible disease from the effects of which she never recovered. For the last six years she has been a great sufferer, but patient, brave through all, until on November 9 she entered into rest, aged 51. She was a woman of remarkable intellect and power, and great strength and nobility of character. It has been my privilege to minister to her for the last sixteen months of her life. Words cannot express what I have lost, such friends are rare. She was the last of her family and to me was given all the affection of a true and devoted nature. Her last thought was for me.

She was a writer of ability and has written much for papers and magazines. In her active life she was a Daughter of the Revolution and always responded to calls for aid in any State, and was connected with many charitable organizations. She was buried in St. Michael's Cemetery, Astoria, Long Island, on Friday, November 13. Services were held in the chapel of the Incarnation, East Thirty-first Street, some of her brother physicians acting as pall bearers.

"She hath done what she could." Greater love hath no one than this, that they lay down their life for their friends.

ETHEL M. BIEBER,  
Graduate Nurse.

On Saturday, November 7, 1903, Julia Hines Murphy was found dead in her bed at the Christian Hospital in Chicago, where she was engaged as nurse. Heart failure the supposed cause. A host of friends learned of her death with deep regret.

Miss Murphy was a graduate trained nurse, having completed her course in one of the

hospitals in Newark, N. J., and has since lived a useful and energetic life in her chosen profession.

She has done noble service in some of the best hospitals in the country, at Worcester, St. Louis, Pittsburg, and Chicago. She joined the Red Cross Society in 1898 and saw genuine service among the fever stricken patients at Chickamauga.

Hers was a forceful character. She was a woman of more than ordinary intelligence, a great reader, and possessed of those qualities of heart that made her a sympathetic and successful nurse. She was thoroughly unselfish and devoted the best of her life in working for the comfort of others. Her heart went out especially to the poor, the tempted and tried. No one appealed to her sympathy in vain.

Mrs. Sarah Bechtel, a nurse on the staff of the Emergency Hospital, Detroit, Mich., died November 26, of scarlet fever. When a case of malignant scarlet fever was reported, and a trained nurse required, Mrs. Bechtel volunteered her services. In bringing the patient through the crisis she contracted the disease.

Mrs. Bechtel was a widow, not more than 35 years of age. She was an unusually attractive woman and was much admired for her sunny disposition, her kindness to patients and a willingness to sacrifice herself for the good of others, which had been shown on many occasions prior to the one which resulted in her death.

It was with deep regret that the Alumnae Association of the Brooklyn Homeopathic Hospital learned of the death of Miss Charlotte E. Paxton, of the class of 1890, at her home in Morristown, N. J., November 18, 1903.



# The Editor's Letter-box

The Editor is not responsible for the views of contributors.

## Unsympathetic Nurses

DEAR EDITOR: Why should superintendents and supervising nurses become so hardened and unsympathetic toward nurses as well as toward patients?

I am a graduate nurse, have done institutional work, and also private nursing, and would like to write a few words in answer to my own question—not only my own question, but one which a great many others are asking just now.

Go into any of our large hospitals in this city or any other, visit a patient, perhaps a loved one, and do you find home peace and quiet there? Are not patients informed before entering a hospital that they will have all home comforts? Not only so, but are they not often taken by force to a hospital because it is believed to be more quiet there than in their own home?

How disappointed they are when, perhaps, the next day or so after a serious operation, they are trying to get a little sleep, after a weary night of pain and wakefulness, and a loud laugh or a heavy footstep is heard outside their door.

The nurse on special duty who has been out doing private nursing for a while, becomes more sympathetic, more on the alert, for these small things. Small though they may seem they mean so much to the patient. I have had it said to me, "Oh, you take things too seriously; you are too sympathetic, too conscientious." No, never in this world where there is so much pain and suffering both for man and woman. I have acted as a special, in a hospital in this city, and know whereof I speak. There are many nurses doing private nursing in New York city, who have gone back to the hospital to do special duty, and they could all tell the same story if they only would.

I know of patients who have been to the different hospitals, and have come from these institutions with a greater feeling of dislike for them than they had before going into them. This should not be, for as a rule, if a patient is able to leave a hospital after being there for some serious operation, should she not come from it with a warm feeling in her

heart for it, and a desire to help the so-called good work along?

It is hard to make some people understand that no matter how close a friend or relation they may be to the patient, the very thought of another's coming into the sickroom will cause the heart to give a little extra flutter. For this reason the using up of the nerve and energy, so much needed for recovery, by useless noises or interruptions is most serious.

Can I not hear some of you who are superintendents or supervising nurses say: "Well, I don't know how we are to please or suit some people?" Go out just for one year and do private nursing, and you will find how differently you would have to walk, talk, and laugh around the sickroom. How long would a nurse be kept in a house where a loved one lay seriously ill, who would not do all in her power to keep the house and its surroundings quiet, and do every thing for the benefit of her patient? I am afraid too many of us look on nursing as any other line of business, and, whether it be in the hospital or elsewhere, so long as we fill the position and please some of those who employ us, believe that is all that is required of us. When a nurse or supervising nurse, or maybe the superintendent of the hospital, comes to do her work simply for the money that is in it, the sooner she gives it up the better.

Supervising nurses, will you stop and think for a moment, how those in training under you are being influenced by your example? Do you talk kindly to them, telling them what their conduct means to suffering humanity around them? That, if they are kind, sympathetic, and quiet in their manner, always polite and gentle when spoken to by the patient, even when he is not quite himself, they can make their service count for so much more.

I have known hospital nurses to laugh and talk just outside the room of a patient who is dying. How unworthy of our profession! Put yourself in a loved one's place just then. Have you ever watched a dear friend breathe his last? Then, if you will but stop and think

you can never be other than gentle and serious at such times in the hospital.

It is true the nurse must appear with a bright and cheery face. It matters not how tired she may be, nor how bad her head aches, she must always appear cheerful in the sickroom, never with an anxious or careworn expression on her face. Then is there not much that supervising nurses and superintendents of hospitals can do for the comfort of those under their care? It is true, also, that most nurses are unselfish. They will stand to their post through thick and thin, work from early morning till late at night, and even allow their rest hours to be broken into. This makes me think that this trouble comes from thoughtlessness, and not from any lack of heart. The trouble with a great many hospital workers is, they stick too close to their post, seeing the one place day after day, doing the same work day after day, thereby allowing their minds to become narrow. They stay in so much that they begin to think that the hospital cannot get on without them for one hour.

Did you ever hear of a tree growing up and bearing fruit without having any branches? What a strange looking thing it would be. It is not possible for you to grow in character, to broaden your mind, and sweeten your disposition by living in one place day after day.

A great many people are apt to think that all our bright women among our profession hold positions as superintendents or supervising nurses. This is not my observation. Some of our finest women are doing private nursing. Of course, like everything else, sad to say, we will find among our profession, women who are not a credit to themselves nor any person else. What line of profession or work will you find perfect?

But let us go back to our training schools. Where are these women's lives first molded? Let me not blame it all on our training schools, for among every flock of sheep will we not find a black one? There are some hospitals, I am glad to say, that know how to treat the nurses in training. Most hospitals are never done pleading poverty, yet the ones at the head of these institutions, as a rule, live on the fat of the land. But leaving that out; how many nurses are worked from 7 A. M. till 7 P. M., with half an hour off for each meal, and if they can get one hour off

for rest all well and good. I know of only one hospital that keeps enough nurses to allow them to get two hours off each day for rest and study, and that hospital is not in New York city. Most hospitals in this city have so few nurses that it is impossible for a nurse who does her work faithfully and well, to be off duty at the hour of 7 P. M.

I read quite a good article in *THE TRAINED NURSE* some months ago, on hospital board for nurses. Supervising nurses and superintendents of hospitals could do a great deal more toward making the nurses' dormitories much more comfortable in winter. How often a nurse goes to her room in the evening, after a hard day's work, and finds it altogether too cold to sit in. We all know that a room without heat is best to sleep in, but not by any means to sit in. Most hospitals have a sitting room for their nurses. But nurses cannot study in the public sitting room, where others are talking and enjoying themselves. This is one thing that is seriously neglected in most of our institutions. Imagine coming from a ward where the temperature has been from 65° to 70° F. to a room not 60° F. The nurse has been, perhaps, over heated all day with constant exercise. She becomes chilled and takes cold, the room is not only cold, but she gets into bed to find that the bed clothes are as damp and cold as the outdoor air. Then, if a nurse takes sick, she is perhaps told that it is all her own fault or due to her imagination.

And her cold is neglected until it develops into pneumonia. Then she may be transferred to the ward or, perhaps, a private room. I heard of a nurse not long ago, who had an infected finger, and through the neglect of the superintendent consulting with one of the visiting staff, she almost lost her hand. After having to stay in bed for about two months, her constitution was so broken down that it is not likely she will ever be the same again.

Now I trust, dear sister nurses, and all who read this, that you will not consider me too harsh. I never can see why a woman in the same profession, doing the same work only a little differently, will treat a graduate nurse as she is so often treated, in anything but a kind way. Why one holding a hospital position should look down on the nurse who is doing private work, as if she were much



beneath her, one can hardly understand. We are not all fitted for the same work, nor are we all called to the same work. But that does not say that the nurse doing private nursing or district work, is not just as bright and competent a woman as the one who holds an official position. Is not a servant one who serves? And how great is the privilege! Who are the most happy people on this earth? Look around at those who are rich, that have nothing to do but eat, drink, and be merry. Are they to be envied? None of us could wish to exchange places with them for a moment. Think of the good we are doing; of the suffering we lessen, and the lives we help to save. Servants though we be, we serve the highest ends, and honorable indeed is the service. What we need is the God-given gift of love; to have God's peace in our hearts, to have His life throbbing in our lives.

Let a nurse live near to God, seek her help from Him, and try to breathe in His spirit, and she will honor her calling, her work, however hard or lowly it may be, will take on a sacred aspect, and she will become a blessing to every patient she nurses.

R. M. C., New York City.

#### The Question of Text Books

DEAR EDITOR: May I ask if there is any kind of an exchange of old Text-books for the latest editions. We have purchased the Clara Weeks Shaw text-book twice this year and received two editions—neither of them the same year. Cannot something be done whereby we can be sure that we can secure the same edition each year. Nurses are too poor to change text-books each time an author wants to rewrite her book, and either publishers will have to help us out or we will have to be our own authors of our own text-books. Can you make any suggestion that will help this condition of text-book changes, and oblige,

A PERPLEXED TEACHER.

#### Examination Questions

DEAR EDITOR: I am so glad to see at last examination questions in your magazine. Do please, for the sake of us who cannot return to hospitals to brush up as younger nurses can, have questions in oftener. I feel sure I am not alone in asking this favor. I am an old subscriber, and most hearty well

wisher for all possible success for our magazine.

Yours truly,  
M. C., Savannah, Ga.

#### Appreciation

DEAR EDITOR: It gives me a great deal of pleasure to renew my subscription to THE TRAINED NURSE. I always receive it on the first day of the month and read it from cover to cover only too quickly.

Thanking you for your generous premium both last year and this. I am,

Very sincerely,  
AN ALABAMA NURSE.

DEAR EDITOR: For some time I have intended sending you a note expressing my appreciation of the improvement in THE TRAINED NURSE. I have found Florence F. Rice's articles most enjoyable and instructive. In fact I find it all most satisfactory. My chief trouble is in keeping up with the numbers. I am such a rolling stone: this field for work covering so large an area. Sincerely your admirer,

F. P. WATTS,  
West Virginia.

#### Post-Graduate Course

DEAR EDITOR: Will you kindly inform me through the pages of your journal, of some valuable post-graduate courses offered to nurses in Chicago.

I am a graduate nurse of a small hospital, where I had a good training. But as I wish to fit myself for institutional work, I would like to take those courses that would be most helpful in securing a situation.

Yours respectfully,  
"TRAINED NURSE."

[The Presbyterian Hospital, of Chicago, offers post-graduate work to nurses. We beg to call your attention to the advertisements in our "Want" columns.]

#### Is the Nurse Justified?

DEAR EDITOR: I should like to have the following question answered through the columns of our magazine. Is a nurse justified in keeping the husband and grown up children out of the patient's room, if she deems such a course necessary? A SUBSCRIBER.

[If the nurse deems it necessary for the welfare of the patient that the family be excluded from the patient's room, she should

present the facts to the physician in charge and have him give the order. It would hardly be wise for the nurse to take so arbitrary a stand unless supported by the physician. If, however, the nurse has the entire responsibility of the case and the physician cannot be consulted, she is justified in acting as seems to her best, but it is a position in which the greatest tact and good judgment is required. Let us hear from nurses on this subject.

✱

**Courtesy to the Graduate**

DEAR EDITOR: It is surprising to note the lack of courtesy shown to professional nurses by the managing boards of some institutions. By professional nurses I mean nurses who hold a diploma from a recognized general hospital training school. Have we not enough graduates, such as I have mentioned, who can fill responsible positions such as that of superintendent of training schools or head nurses? If so, then why not employ such in preference to others? Is it not an open insult to our graduates to employ any other. Does it not stand to reason that one who has been trained for the work is better fitted for it than one who has just a smattering of knowledge? By this lack of professional etiquette the Woman's Hospital of the State of Tennessee in Nashville has lost a very able head in the person of Miss C. P. Vander Water, who has for the past ten months worked with the spirit and energy of a professional nurse, established a training school and has labored unceasingly for the good of the cause, and by her kindness and gentleness won the admiration of all, even the employees who served under her in the hospital. Yours truly,

ONE WHO KNOWS.

✱

**The International Council of Nurses**

To the Editor of THE TRAINED NURSE: Mrs. Bedford Fenwick, president of the International Council of Nurses, presents her compliments to the Editor of THE TRAINED NURSE, and will be greatly obliged if the report presented by her at the recent meeting of the Organizing Committee of the International Council of Nurses, can be published in the forthcoming issue of THE TRAINED NURSE. She is forwarding by this post a marked copy of the *British Journal of Nursing*, containing this report.

**THE INTERNATIONAL COUNCIL OF NURSES.**

A meeting of the Organizing Committee of the forthcoming Quinquennial Meeting of the Grand Council of the International Council of Nurses, to be held in Berlin, in June, 1904, was held at the Matron's House, St. Bartholomew's Hospital, on Tuesday, October 22, at which the president, Mrs. Bedford Fenwick, presented the following report:

**THE REPORT.**

Since the meeting of the officers of the International Council of Nurses, held at Buffalo, U. S. A., in September, 1901, I have been in constant communication with the hon. officers and hon. vice-presidents of the Council.

*In Great Britain.*—Miss Isla Stewart, Hon. Vice-President, has done much to encourage co-operation among trained nurses by the active part she has taken as president of the Matrons' Council of Great Britain and Ireland, and of the League of St. Bartholomew's Hospital Nurses, and it is gratifying to report that the matrons of several important training schools have stimulated the desire for co-operation among the nursing staffs, and taken the initiative in helping them to form leagues for professional and social intercourse. Miss Stewart is in favor of strengthening the bonds of union among certified nurses by some sort of affiliation between the leagues, which would bring the nurses of the various schools into touch by co-operation, and thus upon a wide and liberal basis founded on the graduate vote enable nurses to meet and discuss, in a helpful manner, their professional and social affairs, out of which co-operation it is hoped that a National Council of Nurses for the United Kingdom might in time be evolved on thoroughly representative lines—Scotland and Ireland forming branch or national councils if so inclined.

Letters have been addressed suggesting some form of affiliation to the presidents of existing nurses' leagues in England by Miss L. L. Dock, the Hon. Secretary of the International Council of Nurses.

*In Scotland and Ireland.*—Co-operation among nurses is practically non-existent in Scotland and Ireland. This is the more disappointing as there are many able women holding positions of authority in nursing circles in both countries whose efforts would, I feel sure, be crowned with success if they

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a tonic that nourishes and strengthens  
the entire system. Insist on having

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bottle, prepaid, on receipt of 25 cents.

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would take the initiative in either forming councils of matrons or leagues of nurses in connection with the many excellent training schools which now exist in both countries.

*In the United States of America.*—In the United States of America the nursing profession is effectively organized on co-operative lines, and the two great national societies of nurses—the American Society of Superintendents of Training Schools for Nurses and the Nurses' Associated Alumnae of the United States (that is a society of affiliated leagues)—have come together by delegation and formed the American Federation of Nurses (in effect a national council of nurses), which is ready and willing to affiliate with the national councils of nurses of other countries when formed, and thus to compose the International Council of Nurses, as provided for in its existing constitution.

As the result of the solidarity of the nursing profession in the United States, and the respect which engenders in the public mind, State registration of nurses has been effected in four States of the Union during the present year.

*In Australasia* effective co-operation exists in New South Wales and Victoria among trained nurses, through association in the Australasian Trained Nurses' Society, the Victorian Trained Nurses' Association, the Prince Alfred Hospital Trained Nurses' Reunion, and the, recently formed Australasian Matrons' Council—in the building up of which societies Miss S. B. McGahey, Hon. Vice-President, and Miss M. D. Farquharson, Councillor, have worked untiringly.

*In New Zealand.*—The profession of nursing has been put on a legal basis in New Zealand by Act of Parliament, a bill for the registration of trained nurses having been passed in 1901, by which a minimum standard of education and qualification in nursing has been defined. Mrs. Grace Neill, Councillor, to whose efforts legislation was largely due, has been appointed deputy registrar for the colony, and is of opinion that the system of registration by the State has already proved of great benefit to the community.

*In Canada.*—The growth of co-operation among nurses is slow, but is proceeding on alumnae lines. Owing to its geographical position it has participated in much of the progress effected by Canadian women trained and holding high professional positions in

the United States. Canadian matrons co-operate with their American colleagues, and together form the American Society of Superintendents of Training Schools, and the courtesy of social amenity is constantly exchanged between leagues of Canadian and American nurses.

The Hon. Treasurer, Miss Agnes Snively, Lady Superintendent of the General Hospital, Toronto, is in warm sympathy with all that tends to create a deeper sense of professional responsibility among trained nurses, and is doing good work in encouraging co-operation among Canadian nurses.

*In Holland.*—Miss L. Kruysse, Hon. Vice-President, takes a leading part in co-operative movements. A matrons' council is now formed in Holland, consisting of some forty members, which meets in friendly conclave; there are two associations of nurses, and great progress is being made in the professional and social well-being of Dutch nurses.

*In Germany.*—Fraulein Hedwig von Schlichting, Hon. Vice-President, has met with keen opposition in her attempt to inaugurate professional co-operation among German nurses. But the spirit of progress is awake in the land, and already there are signs that in the near future the demand upon the part of trained nurses for a less conventual system of work must be conceded. The nurses who object to work in community are now known as the Free Sisters, and this little band of courageous women will, no doubt, with time and determination effect the liberation of trained nurses in Germany from conditions of labor which are incompatible with the spirit of an age which demands responsibility for personal action.

A school for hospital matrons in Germany has been organized by the Sisters of the Bavarian Association of the Red Cross at Munich, of which Sister Clementine von Wallmenich is head, and it has been intrusted with training matrons for all the German Red Cross Homes; its constitution is wonderfully complete.

*In India.*—Miss Charlotte Richmond Mill, Lady Superintendent of St. George's Hospital, Bombay, has accepted the invitation to act as Hon. Vice-President for India. Miss Mill held, in this country, the position of assistant matron at the Lewisham Infirmary, and had experience in India as a sister in the plague nursing service.

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## CONSULTATION WITH HON. SECRETARY.

In August of this year I met the Hon. Secretary, Miss L. L. Dock, in conference, at Amsterdam, in reference to the necessary arrangements for the forthcoming meeting of the Grand Council at Berlin, in June, 1904, when the hon. officers for the next quinquennial period must be elected, and reports received of the condition of nursing in the various countries represented in the International Council.

I beg to suggest the following ladies be nominated for election for the positions as hon. officers:

## PRESIDENT.

Miss Susan B. McGahey, graduate London Hospital Training School for Nurses, London; Hon. Vice-President for Federated Australia; Lady Superintendent of Prince Alfred Hospital, Sydney; President of Prince Alfred Hospital Trained Nurses' Reunion; late Hon. Secretary Australasian Trained Nurses' Association, and its delegate to the International Council of Nurses and Congress, Buffalo, U. S. A., 1901; Hon. Member Matrons' Council of Great Britain and Ireland; Member Australasian Matrons' Council.

## HON. SECRETARY.

Miss L. L. Dock, the present Hon. Secretary, has consented to stand for re-election.

## HON. TREASURER.

Miss Margaret Breay, Hon. Secretary of the Matrons' Council of Great Britain and Ireland, late Matron of the Metropolitan Hospital, London, and Matron of the English

Hospital, Zanzibar, graduate St. Bartholomew's Hospital, London.

## AGENDA FOR THE QUINQUENNIAL MEETING.

It is suggested that reports shall be invited from experts in the various countries on—

1. *Legislation* effected for trained nurses (a) by State registration; (b) under Government departments in the army and navy.

2. *Education*.—To define a curriculum of education and a minimum standard qualifying for registration as a trained nurse.

ETHEL G. FENWICK,  
President.

The report was adopted.

Interesting letters were then read from Mrs. Gordon Norrie, of Denmark; Miss L. L. Dock, Hon. Secretary; Miss S. B. McGahey, New South Wales; Mrs. Dita Kinney, War Office, Washington; Miss Harriet Fulmer, Chicago; Mrs. Neill, New Zealand, and Dr. Anna Hamilton, Bordeaux.

The arrangements for the quinquennial session to be held in Berlin in June next were considered and names suggested of ladies to be invited to contribute reports on legislation and education, as proposed in the president's report.

Miss Mollett, who was present, stated that, according to arrangement, she had made inquiries concerning the cost of a ten days' visit to Berlin to attend the meeting of the International Council of Nurses and International Congress of Women, and was prepared to organize a party of nurses of not less than twenty. This offer was gratefully accepted.

The meeting then terminated. E. G. F.

## Interesting Lecture Course

A course of lectures will be given by the Graduate Nurses' Association, County of Kings, N. Y., at the Cumberland Street Hospital, beginning Tuesday, January 12, 1904, at 3.30 p. m., and be continued for twelve successive Tuesdays.

They will be open to all alumnæ members and nurses of Brooklyn.

Subjects: Four drills on Parliamentary Procedure, by Mrs. Priscilla D. Hackstaff.

Four lectures on Child Culture, by Mara Pratt Chadwick, M.D.

Four talks on Travel and Other Countries.

At Mercy Hospital, Des Moines, Iowa, November 20, occurred the death of Miss Winnie Bertha Fredericks, a trained nurse of that city.

Miss Fredericks became stricken with typhoid fever while engaged in nursing a patient, and was taken to the hospital, where she lived but one week. She was a graduate of a Pennsylvania hospital, the remains being forwarded to friends in that State for interment.

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# The Hospital Review

**The Northern Pacific Beneficial Association** will erect a new hospital in Tacoma, and the site for the building has been selected. The structure to be erected will cost \$100,000, and provision will be made for its enlargement whenever such a step may be deemed necessary. Brick and stone will be the materials used in the substructure, and the building will be finished with the latest sanitary appliances. There will be fifty rooms in the building at the start. In the new hospital patients will be treated from all points on the road west of Spokane, whenever they are in need of hospital treatment. This will include the Seattle division, running to Sumas, and the line between Tacoma and Portland.

It is expected that the new St. Joseph's Hospital, West Hancock, Mich., will be completed and ready for occupancy about February 1. The new hospital is without question a model structure in every respect and will be second to none in the Northwest. The cost, when completed, will be close to \$100,000.

The greatest need at the Northwestern Hospital, Minneapolis, Minn., as shown in the reports at the recent annual meeting of the directors, is for larger accommodations. The demands far exceed the present building and it is very probable that a new building will be built in the spring. There is \$1,250 already in the fund for the new building, and the basement for this new addition has been ready for some time. This year a laundry, linen room and diet kitchen were established there. Another crying need is for a home for the nurses. These improvements were suggested in the annual report of the president, Mrs. T. B. Walker.

**Dr. R. D. Sheppard**, of Evanston, Ill., has offered to give \$35,000 to the Wesley Hospital, Chicago, toward paying off its indebtedness, provided the remainder of the indebtedness, \$25,000, is raised in two years. The trustees of the hospital accepted the conditions of the gift, and reported that \$17,000 of the amount necessary to secure Dr. Shep-

pard's offer is already in sight. The Wesley Hospital, which is adjacent to the Northwestern University Medical School at Dearborn and Twenty-fourth streets, and is run in connection with it, was built two years ago at a cost of \$250,000. Dr. Sheppard was one of those most actively interested in its erection, and is now its business agent.

Chicago will soon number among its institutions another great Catholic hospital to be conducted by the members of the religious community having charge of the famous Hotel Dieu, St. Joseph de Villa Marie, at Montreal, Canada, where many prominent residents of Chicago go yearly for rest or recuperation.

Permission was granted the Hospital Sisters of St. Joseph of Montreal by Archbishop Quigley some months ago to enter the diocese of Chicago for the purpose of establishing a hospital in that city. After some weeks spent by Sister M. Hopkins, who represented the community, a favorable site was selected at Englewood, and the property has just been purchased. It is situated on the corner of Sixty-fourth Street and Harvard Avenue. The new structure will bear the name of the original house of the community, Hotel Dieu. The superior of the new community will be Sister Hopkins. Until the hospital is finished, the community, numbering seven members, will take up its residence in the old Malcolm homestead in Englewood.

The new hospital that is to be opened for Richmond, Ind., will begin its career under the most favorable financial circumstances.

George H. Eggemey and John H. Johnson, prominent local business men, have just returned from New York and announce that William B. Leeds, formerly of Richmond, but now a resident of New York and president of the Rock Island Railroad, has given \$10,000 to be added to the endowment fund of the hospital. This is in addition to \$50,000 given by Daniel G. Reid, of New York, formerly of Richmond, and a business



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And sweeter than the dawn  
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*Mrs. R. F. Grady.*

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associate of Mr. Leeds; \$25,000 subscribed by the residents of the city, and \$10,000 voted by the City Council. The last mentioned amount was a trust fund that was left to the city by the late James Morrison. The amount given by Mr. Reid will be used to purchase the property.

The eleventh annual report of the superintendent and trustees of the Massillon (Ohio) State Hospital has been submitted to Governor Nash. During the year ending November 15, 1,230 patients were treated, of which number 233 were discharged as improved or incurable, and 70 died. The percentage of recoveries on the number admitted was 31; percentages of deaths on total number under treatment, 5.69. The low death rate is largely attributed to the excellent sanitary conditions of the institution. The per capita cost per annum, including salaries, is \$149.83. This is a slight increase over the per capita cost of last year, and is due to the increased cost of fuel. Unfortunately, the hospital had no contract for coal, and when the prices were boosted up the institution suffered. The fuel bill was \$10,860 higher than for the preceding year. In their report to the Governor the trustees estimated that an appropriation of \$334,000 will be required for the year 1903-4, and \$390,000 for 1904-5. There are now 997 patients in the hospital.

The Woman's Medical College, Philadelphia, Pa., contemplates building a hospital as an addition to the college, and has issued circulars, asking the alumnae to subscribe to the project. About \$75,000 is wanted for the building and \$425,000 more for endowment. After the alumnae shall have responded, friends of the institution will be asked to aid the cause.

The project arises out of a difference of opinion between the advisory board of the college and the board of managers of the Woman's Hospital. Realizing that the students must have bedside instruction, the experiment of using the hospital for that purpose was tried, with the result that the hospital managers refused to continue the new order and reverted to the old system of the hospital for hospital purposes only.

This made it necessary to have a hospital, in which, besides the regular treatment in a woman's hospital, there should be some gen-

eral surgery and practical instruction afforded the students.

The directors of the Lackawanna Hospital, Scranton, Pa., decided to make an addition to the hospital building which will cost in the neighborhood of \$100,000.

Architect Langley is now at work on the plans for the new building. He expects to have them completed in the near future.

It is the intention of the directors to begin work on the new addition early next spring and have the improvements pushed rapidly until completed. The contract has not yet been let.

The new addition is to be made to the hospital on the northerly side facing Franklin Avenue. The State appropriation, to pay for the work, was made some time ago.

The addition is to be a four-story brick fireproof building. When it is completed the Lackawanna Hospital will be one of the finest institutions of its kind in the State.

Superintendent Crumbacker, of the State Insane Hospital, at Independence, Iowa, has, as an experiment, successfully tried for three months, turned over a building in which are placed 140 patients who are considered the worst in the hospital, entirely to the care of women nurses. The women have the management of the building and have demonstrated that they are able to perform the work successfully with the aid of two male attendants to assist in especially violent cases. A great improvement has been noted. In addition to the department which is under the control of women nurses, two women are in the receiving ward of the hospital. The result of this experiment will be watched with interest in this and other States.

The sanitarium at Red Oak, Iowa, owned by the late Dr. F. M. Powell, has been refitted and opened for the care and treatment of children suffering from nervous and mental afflictions. The institution is under the care of Dr. Velura E. Powell and Mrs. Dr. F. M. Powell, wife and daughter of the late Dr. Powell, both being associated with him when he was superintendent of the State Home for Feeble Minded Children, and both are fully capable to make their undertaking a success.

Major Samuel Mahon, of Ottumwa, Iowa,

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When a physician begins the treatment of an **anæmic** or **chlorotic patient**, he must first consider the "building of the blood," the fountain and foundation of healthy life.

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Supplies the necessary **oxygen** and **haemoglobin-carrying** elements and thus successfully builds from the foundation upwards in cases of

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has donated to his home city a tract of valuable land for a hospital. The land is in easy distance from the business center and is a slightly piece of property. The city is endeavoring to raise \$25,000 to build a modern hospital, and has received several liberal subscriptions.

**November 16**, the hospital of Atlantic, Iowa, was opened with appropriate ceremonies. The institution has been in operation some time, but was not until that date opened formally. The local physicians have incorporated the Atlantic Hospital Association, and will have control of the institution. There is every indication that the hospital will be a success. Miss Nan Dorsey, as head nurse, and her sister, Mrs. Berry, as directress and matron, are in charge, both well qualified nurses, graduates of a Southern hospital.

**The excavation** for the new \$50,000 Methodist Hospital to be erected in Des Moines, Iowa, adjacent to the site of the hospital now in operation, is fully under way and will gradually be pushed to completion. The old hospital is crowded to its utmost capacity, and more room is greatly needed. The hospital was started three years ago in old buildings, and has been very successful, and of local value to the city. The new building will be modern in every particular.

**Nearly five** thousand persons visited the German Hospital, Philadelphia, Pa., November 26. It was donation day, and many of the callers brought contributions of money and general merchandise. The cash contributions amounted to over \$9,000, and it is estimated that groceries and other goods valued at about \$3,000 were received.

Members of the board of directors acted as a reception committee. During the year just ended 43,786 patients were treated. The largest contribution received came from the firm of Burnham, Williams & Co., of the Baldwin Locomotive Works. It was a check for \$1,000.

**The Medico-Chirurgical Hospital**, Philadelphia, Pa., contemplates erecting a pavilion for surgical cases on the site of the dwelling houses at the northeast corner of Eighteenth and Cherry streets. The dimensions will be 90

by 50 feet. None of the details of the construction of the building have been decided on.

**One of the** finest convalescent hospitals and industrial schools for crippled children in the State of New York is nearing completion on Mamaroneck Boulevard, on the outskirts of White Plains. The building, which will cost \$100,000, is a modern institution. One of the largest contributors to the building fund was Miss Helen M. Gould. It is proposed to run the new hospital on the same plan as Miss Gould does Woody Crest, her home for crippled boys at Irvington.

**A. S. Kavanagh**, general superintendent of the Methodist Episcopal (Seney) Hospital, Brooklyn, N. Y., announces that he has received two subscriptions of \$10,000 each toward the \$500,000 fund that is being raised for that institution. The subscriptions have been made by St. Paul's Methodist Episcopal Church, in Manhattan, and Grace Methodist Church, in Brooklyn. William Halls, Jr., has promised to give \$125,000 to the hospital on condition that \$500,000 is raised. So far \$190,000 has been pledged.

**The directors** of the Jewish Hospital, Brooklyn, N. Y., are exceedingly pleased at the prospect resulting from an incident at their recent business meeting. They met, with Abraham Abraham in the chair, and Nathan S. Jonas recording. After some formal business had been transacted President Abraham announced that he had received a donation of \$25,000 from a friend of the hospital who was too modest to give his name. The gift was dependent on the raising of a similar amount from other sources within a year.

The directors were delighted at the news, and as proof of their desire and earnestness \$6,500 of the \$25,000 was almost immediately pledged by those present. The total amount is for the expenses of the new wing to be built on the hospital and will insure its completion without the necessity of a mortgage, so that the other contributions will go entirely to the current expenses of this non-sectarian hospital. The directors purpose to have one of the finest staffs of expert physicians in the country.

# ANTIPHLOGISTINE

The Nurse who reads the Trained Nurse keeps —  
Abreast of her profession, but  
The Nurse who knows how to apply Antiphlogistine  
Is of greatest value to the physician.

Antiphlogistine Like The Nurse Is Master Of Emergencies.  
It includes the important field of curative medicine, and is the most practical, non-irritating, absorbent dressing employed by the medical profession for the treatment of every degree of inflammation from simple cellulitis to double pneumonia.

**IN THE HAND OF THE NURSE**



## THE SPATULA

**Is more powerful than the surgeon's lance**

**APPLY**

## ANTIPHLOGISTINE

**WARM AND THICK**

**In Every Case In Which A Poultice, Hot-Stupe Or Counter-Irritant Is Necessary**

In double pneumonia cover the entire thoracic walls—back, front, and sides, well up over the shoulders and neck. Cover with an absorbent-cotton jacket. In minor inflammation spread over and beyond the infected area. Cover with cotton and a compress.

Antiphlogistine maintains a uniform degree of heat and is superior to hot-water bottles. Relief from pain is quickly effected through stimulation of the reflex centers.

To every nurse forwarding her name and address, we will mail an Antiphlogistine Spatula.

**The Denver Chemical Mfg. Co.**

**London, Eng.**

**No. 57 Laight St., New York City**

When you write Advertisers, please mention **THE TRAINED NURSE**

# Book Reviews

*Compend of Gynecology.* By William H. Wells, M.D., Chief of the Gynecological Staff of the Mount Sinai Hospital, Philadelphia; Demonstrator of Clinical Obstetrics in the Jefferson Medical College, Philadelphia; Fellow of the College of Physicians, and of the Gynecological section of the same; late Assistant in the Gynecological Department of the Jefferson Medical College Hospital, etc. Third Edition, revised, enlarged, with 145 illustrations. In the thorough revision which the author has given this edition many changes have been made which add greatly to the value of the book. A section on the general therapeutics of gynecology has been added, and the section on diseases of the urethra has been placed under the diseases of the bladder and uterus. Many new operations have been added, and the descriptions of the illustrations have been gone over carefully and made more plain. The author has drawn freely from the best instructors of gynecology throughout the country, thus giving the latest and best methods condensed into the most convenient and serviceable

form. We believe this Compend will fully sustain the reputation and favor gained by the previous editions. Price, 80 cents.

*Compend of Diseases of the Ear, Nose and Throat.* By John Jonson Kyle, B.S., M.D., Lecturer on Otology, Rhinology, and Laryngology, and Assistant to the Chair of Surgical Pathology in the Medical College of Indiana; Oculist and Aurist to St. Vincent Hospital and City Dispensary; Aurist and Laryngologist to City Hospital, Indianapolis; late Major and Surgeon, U. S. Volunteers. Eighty-five illustrations. This compend is intended for the student and general practitioner of medicine engaged in a limited way in the treatment of the nose, ear and throat. In writing the book the author has epitomized the best thoughts as expressed in the latest standard text-books, medical journals and monographs on these subjects. This compend will be a useful addition to the list of Quiz-Compends now so much used by students and general practitioners. Price, 80 cents.

---

At the annual meeting of the Rhode Island Hospital Corporation, Providence, R. I., the report of the board of trustees created considerable interest inasmuch as it was shown that the greatest need for a city hospital existed. The report showed that the city pays the hospital annually for the bare cost of maintaining an ambulance service and for the treatment of city patients in the contagious or city ward. The city also makes an appropriation annually of \$5,000 for the maintenance of twenty free beds, and a calculation made from the books of the superintendent as to the cost of caring for pauper patients, resident of Providence, for the last five years shows an average of \$57,619.78

outlay, and, crediting this outlay to the \$5,000 paid by the city, shows an annual outlay on behalf of the hospital in caring for pauper patients of the city of over \$50,000.

Notwithstanding the generosity of the hospital's friends, the board, for the fifth time in its history, is confronted with an alarming deficit. Unless relief is to be had from some source no alternative will be left except to close a portion of the wards and refuse to admit any one but a few of the city's pauper patients.

The hospital is also in great need of an enlargement of the nurses' home, a new operating room, and a separate building for the exclusive use of private patients.

One of the Results of the Progress of Science—Systematized Knowledge—is.

# *The "Allenburys" Series of Infants' Foods.*

A Progressive Dietary adapted to the Growing Digestive Powers of the Child.

## **Milk Food No. 1**

For infants from birth to three months of age.

## **Milk Food No. 2**

For infants from three to six months of age.

## **Malted Food No. 3**

For infants of six months and upwards, also for invalids and for the aged.

"Our baby, six months old, has cried almost continuously since her birth--was always in misery after nursing, never satisfied, and seemed to be slowly starving. I had plenty of milk, but it could not have been sufficiently nourishing, for when I gave the "Allenburys" Milk Food, alternately, for two days, she seemed quite contented and was so good! I kept the Food from her for two days and the old troubles reappeared. I then gave the Food again as before and in two days she was all right. I am satisfied that the "Allenburys" Milk Food is all that it claims to be, and our doctor directs me to continue its use."

B. C. ELY, Gould, Ohio.

**THE ALLEN & HANBURYS CO., Ltd., Niagara Falls, N. Y.**

"Infant Feeding and Management," an interesting and instructive pamphlet, mailed upon request.

# SUCCESSFUL NURSES USE Tyree's Antiseptic Powder

**T**YREE'S POWDER has achieved singular distinction in this country and Europe as an obstetrical and gynecological antiseptic, and recent experiments in several large hospitals indicate that it is of even greater value as a general antiseptic. You will appreciate at once the wonderful convenience and accuracy of a preparation that permits you to prepare in an instant an antiseptic solution of any strength you may desire, which, unlike Carbolic and Bichloride, can be used under all circumstances without the slightest injurious effects to your hands or your patient.

**J. S. TYREE, Chemist, Washington, D. C.**

MR. J. S. TYREE, Washington, D. C.

DEAR SIR:

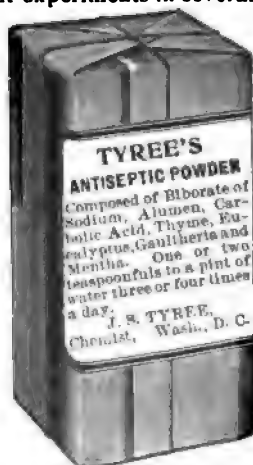
I have used Tyree's Antiseptic Powder quite extensively in hospital and private practice in surgical cases and find it invaluable as an antiseptic, deodorizer and disinfectant. I am,

Very truly yours,

FREDERICK REMINGTON, M.D.

Surgeon to Monroe County Hospital,  
Rochester, N. Y.

A 2 ounce  
package will  
be sent free  
upon request



When you write Advertisers, please mention THE TRAINED NURSE

# New Remedies and Appliances

**Attachments** A successful period of nurse work must terminate with the total recovery of the patient, generally speaking, but leaving a favorable impression in the minds of the household when the result is the contrary is often dependent on the good judgment of the nurse.

Being at the right place at just the right moment—doing the right thing at just the right time—permitting nothing to occur that would jar the nerves of the patient—quickness of motion when necessary—silence of tread, always.

O'Sullivan's Rubber Heels attached to a nurse's shoes have been known to attach the household to the nurse.

**A Specialty** We make a specialty of nurses' and hospitals' record books, and publications. Samples sent free on application. Chas. A. Lawes Co., successors to Belden & Co., 302 Dearborn Street, Chicago, Ill.

**Excerpt From the London Daily Chronicle** The general results of the recent discussion in this paper on the relative value and safety of various antiseptics derive confirmation from a monograph which we have received from the Pasteur Institute of Paris. We describe the volatile or essential oils of plants as the safest—and the most pleasant, might have been added—of antiseptics for direct human use; that of eucalyptus holding a very high place. A couple of professorial members of the Association of Analytical Chemists of the Pasteur Institute have been studying Listerine, which is named after the great English surgeon. Listerine is a mixture of the essential oils of thyme, eucalyptus, baptisia, wintergreen, and mint. It has relatively non-toxic properties peculiar to these oils, but the Parisian savants have brought out the important fact that the mixture of oils is much more potent than any one of them singly. It attacks more than one joint in the bac-

terial armor. Carbolic acid—used so much, mainly because it is the original antiseptic employed by Lister—is 146 times as toxic as Listerine.

**Tyree's Antiseptic** Versus Bichloride, Carbolic, etc. None of the objections to corrosive sublimate, carbolic acid and other agents of this class—namely toxicity, chemical union with albumin, superficial effect only, change to inert compounds, corrosive action upon tissues, harm to metal instruments, injury to the hands, etc., prominent in medical literature are experienced in the use of Tyree's Antiseptic Powder.

Scores of leading specialists and general practitioners, at home and abroad, are employing Tyree's Antiseptic Powder because they find it efficient, convenient, economic; of general utility; without injurious effects, immediate or remote, local or constitutional; healing as well as antiseptic and germicidal, and equally well suited for use by patient as by medical attendant.

One part in fifty of water, or small quantities, is rapidly germicidal to the most resistant bacteria. Weaker solutions are still valuable antiseptics. That makes Tyree's Antiseptic Powder highly economic. One ounce, cost not over ten cents, prepares one gallon of standard antiseptic solution, for injections, washes, douches, sprays, etc.

Tyree's Antiseptic Powder was prepared originally to treat diseases of the genital mucous membrane, not to displace older antiseptics. The latter it has, however, already done in the practices of thousands of American physicians and surgeons, owing to its superior efficacy, general utility and absolute safety.

As was to be expected Tyree's Antiseptic Powder has imitations. Only worthless articles escape the schemes of counterfeiters. It is important to use only the genuine, therefore insist always upon obtaining original packages.



# Comfort

TRADE MARK



**UNEQUALLED**  
IN  
**Nursery & Sick Room**

## MEDICINAL SKIN Powder

Heals and Comforts the Skin

FOR 10 years recognized by the N. E. medical profession and trained nurses as immeasurably superior to any powder or preparation for controlling inflammation and soreness of the skin, and for the prevention of infection. Invaluable in Small Pox, Chicken Pox, Measles, and Scarlet Fever cases. It cures and prevents Bed Sores like magic, and all itching, chafing, scalding, wounds, and stubborn old sores. A perfectly ideal infant powder, does not ferment and irritate, and is not highly perfumed.

A trial package free to any nurse who will give it a fair trial

COMFORT POWDER CO., HARTFORD, CONN.



## O'Sullivan's Silent Tread Heels



**A RECIPE  
FOR  
GENTLENESS**

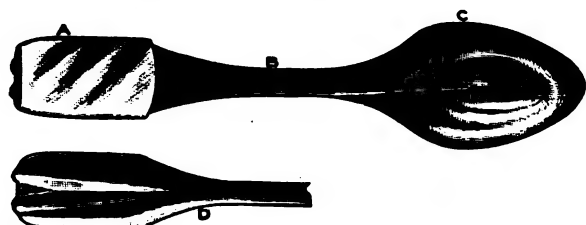
These heel cushions of new rubber make any shoe a hospital shoe, and the nurse is always prepared for the street, which is more than can be said of an elk soled shoe in a rainy day. It will also outwear the shoe.

O'Sullivan's is the only rubber heel that will do this, because substitutes are not new rubber, although some dealers expect you to pay the same price and give them more profit.

35c. a pair. Dealers will attach them to the shoes you are now wearing for a trifle extra. If dealer fails, then—

O'SULLIVAN RUBBER COMPANY, LOWELL, MASS.

## THE NEW IMPROVED MEDICINE SPOON



Invented by a nurse; already adopted by several of the leading Hospitals. An ideal spoon for giving either medicine or liquid food, without danger of strangulation to unconscious or delirious patients.

Made of the best German silver, triple plated.

Price \$1.00 each, postpaid; 90c. to nurses; \$8.00 a dozen to nurses, hospitals, and dealers.

**ANNA E. SUPER, Narbareth, Montgomery County, Pa.**

We understand that a sample of this valuable preparation will be furnished nurses free of charge upon application to Mr. J. S. Tyree, chemist, at Washington, D. C.

**Comfort** It is the little annoyances and discomforts of this life that make women grow prematurely old; so the little comforts retard the coming of crows feet.

Women who have used Lister's Towels wonder how they ever managed before, and now think their wardrobe is incomplete without them.

Women who have not had the opportunity to test the good qualities of Lister's Towels, are invited to send for free sample to the Lister Surgical Co., 100 William Street, New York city. Mention TRAINED NURSE.

**Severe Sepses** Successfully treated with Enemata of Collargolum are reported by Dr. H. S. Loeb of Schlessinger's Division of the Franz-Josef-Spital. During the last two years much therapeutic experimentation has been done in this division with Unguentum Credé and Collargolum. In some cases intravenous injections of the latter were found impossible on account of obesity or smallness of the veins. Collargolum enemata of  $2\frac{1}{4}$  to  $4\frac{1}{4}$  grains in  $2\frac{1}{2}$  ounces of distilled water were therefore administered twice daily for eight days, a cleansing enema being given beforehand. Besides two case histories, the speaker demonstrated the temperature curves of three severe sepses, a puerperal infection and a thrombo-phlebitis following typhoid, in which the favorable results were doubtless due to Collargolum. In four cases the enemata had to be stopped, partly because of negative results, partly on account of other complications. No definite results were obtained in six feverish phthisis cases. The advantages of the enemata lie in their safety and simplicity and in the ease with which the dosage may be increased.

In the discussion Dr. Frank highly recommended the intravenous Collargolum injections.

**Electric Pocket Lamp**

H. Glogau, of 853 Broadway, New York city, manufactures a novel and ingenious Electric Pocket Lamp which differs from all other such articles which we have seen, in

that it is really serviceable and convenient. It is quite small, being, in fact, no larger than a gentleman's cigarette box. It is intended for intermittent use for short periods of time. For instance, finding something in the dark closet. It weighs only nine ounces. It is a very useful article for the nurse, physician, or dentist. It is made in two styles, without lens at a dollar and with lens at a dollar and a half, sent anywhere throughout the United States upon receipt of price.

**Celerina** Convulsions may frequently be cut short, like magic, by teaspoonful doses of Celerina repeated at short intervals. The nausea as an after effect of chloroform, or other narcosis, may generally be controlled in the same manner.

**Unguentine** Physicians familiar with its use need not be told of its many points of superiority in the treatment of all surface lesions. Their own experience has shown the justness of all our claims. To others, we recommend that they give it a fair test on a severe burn or scald. Its supremacy in the treatment of burns is so well established that it is given a place in text books on surgery, strictly upon its merits. Roswell Park, for instance, not only endorses Unguentine as a general surgical dressing, but in his "Treatise on Surgery," Vol. I., especially recommends it as "a soothing and antiseptic dressing for burns."

The leading hospitals throughout the country have adopted Unguentine as a general dressing and as the "First Thought in Burns." Two instances of especial interest may be cited. At St. Mary's Hospital, Hoboken, Unguentine was used exclusively in treating the victims of the Hoboken disaster, in the summer of 1900.

**About Washing Clothes**

Clothes must be made clean, without either injuring the fabric or hands of the laundress. If this object can be attained, it does not matter what methods are used. Some things, however, are important to observe. The dirt and all soap must be entirely removed from the interstices of the clothes and all microbes must be destroyed, without in any manner injuring the fabric. There is no easier, surer, or safer way than by using Pyle's Pearline, and to strictly follow the



**DO YOU  
use**

**RECORD  
BOOKS  
and BLANKS?**

**VAN RIPER'S**  
are the best published

**Endorsed by all the  
leading Nurses in the U. S.**

Also Clinical Charts, Receipt Blanks,  
History Sheets, Operation Blanks, Bed-  
side Notes, Temperature Charts, etc.

Samples and Price Lists furnished free  
upon application. Estimates promptly  
furnished on Special Blanks of any kind

**CHARLES A. LAWES CO.**  
(Successors to Belden & Co.)  
302 Dearborn Street, Chicago, Ill.

# PNEUMONIA

It is an important point in the treatment of pneumonia to reduce the dyspnea and irritating cough.

This may be done without internal medication and without disturbing the patient, by the use of Vaporized Cresolene.

Vaporized Cresolene has a marked sedative influence on all diseases of the respiratory organs attended with irritation and a spasmodic element.

**Literature on application.**

**THE VAPO-CRESOLENE CO.**  
180 FULTON ST., NEW YORK.

# PASSIFLORA

In all Diseases of the Nervous System and the varied complications that may ensue DANIEL'S CONCT. TINCT. PASSIFLORA INCARNATA exerts a remarkable curative influence. In Typhoid Fever, in the Abnormal Conditions of Women, and in affections where Nerve Tension is to be avoided, PASSIFLORA gives relief and restores nerve equilibrium. Where a nerve sedative and hypnotic are demanded PASSIFLORA should be prescribed.

Samples Supplied to  
Physicians and Nurses  
Paying Express Charges

Laboratory of JNO. B. DANIEL  
ATLANTA, GA.

directions accompanying each package. Above all things, avoid any soap or soap powder that does not work to the best advantage in hot water.

**Guaiacum** In cases of acute and recurrent follicular tonsillitis, Guaiacum has been used with marked benefit. In one case of the recurrent type, reported from private practise, where the tonsils were much swollen and suppurating, the drug was administered in five-grain capsules every four hours, the throat also being sprayed with Pyrozone 3 per cent. solution. The improvement was rapid. In twenty-four hours the tonsils were reduced and the voice recovered its natural tone. There was no elevation of temperature, and pulse and respiration were normal.

**Antiphlogistine** During menstruation the introduction of any medicinal agent into the vagina is contra-indicated and at this period the pain of catamenial irregularities can best be controlled by applying Antiphlogistine over the abdomen warm and thick, and covering with cotton and a compress. This practise persisted in for several periods prevents headache, lumbar pain, and other vicarious concomitant symptoms.

**Sears, Roebuck & Co.**

Attention is called to the large advertisement of Sears, Roebuck & Co., Chicago, Ill., in this issue, and their astonishing offer to mail entirely free of charge to any one of our subscribers, a copy of their 144-page surgical instruments and physicians' supplies catalogues, a most comprehensive work.

This office has had the pleasure of inspecting one of these books and can pronounce it well worth the attention of every surgeon and physician in the land. The highest quality of goods in this line is illustrated and described, and we should judge from the prices quoted on these standard goods, the highest grades, that Sears, Roebuck & Co. must be receiving orders from every physician and surgeon who is fortunate enough to get a copy of their catalogue.

**Sure of the Results** I am now and have been for several years almost daily prescribing Resinol with results that have been perfectly satisfactory in every respect.

There is no remedy I like better or as well. I feel when I prescribe Ung't Resinol that I am nearly sure what the results will be.—E. D. McAfee, M.D., Hamburg, Tenn.

**Daniel's Conct. Tinct.** *Passiflora Incarnata* is an ideal remedy for nervous prostration. It quiets the nerves and brings refreshing sleep to the patient. Its chief charm, and that which appeals strongly to the physician, is its pleasant after effect. The patient on awaking experiences no depressing or unnatural sensations, but feels composed, restful, and benefited by the slumber. In this respect it is different from the opiates, and superior to them. Its pleasant taste and prompt effect entitles it to a prominent place in every physician's list of medicines. In cases of nervous women it cannot be excelled. When given during and after the menopause the patient exhibits steady improvement until all nervousness disappears.

**Chronic Otorrhea**

And Ulcers of the Auditory Meatus, by G. Frank Prevost, M.D., Montreal, Can.—I have obtained complete and permanent cures in many cases of catarrhal affections of the ear in young children and below give the history of a case of chronic otorrhea:

Girl, name, Irene Audette, age six; she began to have running from the ear at the age of nine or ten months, which had continued until she came under my care. I ordered an injection of Glyco-Thymoline, one half ounce to hot water twelve ounces—sufficient being used to perfectly cleanse the ear. I then ordered Glyco-Thymoline one ounce to water seven ounces, to be applied hot by means of a tampon of absorbent cotton, three or four times daily.

A few weeks of this treatment sufficed to produce a complete cure.

A year has now elapsed without any recurrence of the symptoms, and the child has improved in health.

I can heartily recommend this treatment to my confreres.

**A Valuable Aid to Antitoxin**

In connection with the use of antitoxin in the treatment of diphtheria and croup much benefit can be derived from the use of an antiseptic inhalant which will act directly

# Tissue Building in Tuberculosis



The maximum amount of food energy in the minimum bulk, conferring the greatest good on the body with the least tax on the digestive organs, is required for the nutrition of tuberculosis patients. Physicians will find

**BURNHAM'S  
CLAM  
BOUILLON.**

## BURNHAM'S CLAM BOUILLON

(Absolutely Free from Any Preservative)

a superior tissue building food for these cases. It is concentrated, very appetizing, and has high nutritive value. It is acceptable and soothing to the gastric membrane when other foods cannot be tolerated, and the ease with which it is absorbed saves the patient's strength.

Has stood the test of Fifteen Years, with a constantly increasing demand from Physicians and the Public.

That it is absolutely the pure juice of the clam without any preservatives is demonstrated by the fact that it spoils with undue exposure to the atmosphere. **BURNHAM'S CLAM BOUILLON** is put up in glass bottles and sold in pints and half pints. This assures not only cleanliness and convenience in the serving, but perfect purity and freshness while using in the sickroom. All the leading apothecaries and grocers sell it.

**E. S. BURNHAM CO.** 53 to 61 Gansevoort St., NEW YORK

Manufacturers and Packers.

# CRYSTAL Domino SUGAR



A  
Triumph  
in  
Sugar  
Making!

**Sold only in 5 lb. sealed boxes!**

"CRYSTAL DOMINO SUGAR" is packed in neat, sealed boxes, and is NEVER sold in bulk. It is packed at the refinery and opened in the household;—there is no intermediate handling. Hence, no dirt, no waste, no possible adulteration. Every piece alike—and every piece sparkles like a cluster of diamonds, the result of its perfect crystallization. Convenient in form, perfect in quality, brilliant in appearance, no sugar made can equal it in excellence. When buying this sugar remember that the sealed package bears the design of a "Domino" Mask, "Domino" Stones, the name of "Crystal Domino," as well as the names of the manufacturers. You will be pleased the moment you open a box. You will be better pleased when you have tried it in your tea, coffee, etc. It is sold by ALL FIRST CLASS GROCERS, and is manufactured only by HAVEMEYERS & ELDER SUGAR REFINERY, NEW YORK.

upon the mucous membrane of the throat. The effect of sprays is only temporary, while the inhalation of steam impregnated with volatile antiseptics is of limited value on account of the high degree of dilution in which they are present. On the other hand, Vapo-Cresolene has none of these disadvantages. Its vapors are diffused in the air and are directly inhaled, coming into contact with every portion of the diseased mucous membrane, destroying the bacilli, reducing the inflammation, and aiding in the removal of the diphtheritic patches. Unlike other antiseptics Vapo-Cresolene does not irritate, but is agreeable and soothing, and can be breathed with perfect safety by the youngest child. Laboratory tests have shown the vapor of Cresolene to be destructive to diphtheria bacilli.

#### **Glyco Heroin** **Martin H. Smith**

"The majority of cough-mixtures contain sugar, which is bound to undergo more or less fermentation; opium, which constipates and affects respiration, and belladonna, which checks the secretions, so that if they are able to lull the patient into oblivion of his condition for a few hours on account of the large amount of narcotic they contain, he awakes to find a stagnation of secretions with renewed paroxysms of coughing, and 'pushing the mustard to fanaticism' for further relief, he eventually becomes a slave to opium. None of these objectionable features pertain to Glyco-Heroin (Martin H. Smith.)"—J. Leffingwell Hatch, B.Sc., F.R.M.S. London.

#### **Pepto-Mangan (Gude)**

Case III.—Mr. M. D., aged 26 years, who had suffered during the preceding month from an attack of acute articular rheumatism involving a number of joints, entered the hospital complaining of the symptoms of anemia. He had the appearance of a convalescent, with pale skin and mucous membranes, fatigue in walking, emaciation, etc. There was edema about the ankles, but no valvular lesion in the heart, and there were in addition, absence of appetite, insomnia, functional depression of the genital apparatus, and dyspepsia. The patient weighed only 92 pounds, and his blood when examined showed a decrease in the amount of hemoglobin and only 2,500,000 red blood cells c. m. At the end of fifteen days' treatment, which consisted of the

administration of two tablespoonfuls of Pepto-Mangan (Gude) at breakfast, of the same amount at dinner, and of an additional tablespoonful at noon, the patient had gained a great deal of strength, his pallor had almost disappeared, the hemoglobin had increased and reached its normal quantity, and the red blood cells had increased to 3,200,000 c. m. The patient was therefore discharged completely cured at the end of forty days after admission.

**Notice—Caution** The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, finds that no two of them are identical, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, in the property of retaining the strychnine in solution, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested when prescribing the syrup, to write "Syr. Hypophos. Fellows."

#### **The Pneumatic Cushion** **Rubber Heel**

It is a safe heel to wear on slippery surfaces, as it will not slip.

It gives the greatest cushion to the foot, having an air chamber next to the heel seat, making it a pneumatic cushion.

It is the lightest heel in weight, as it has an air chamber next to the heel-seat, and a suction chamber to tread upon.

The treading surface being a suction chamber, will not slip on ice, wet or polished surfaces.

The heel matches the leather of the shoe.

#### **The Spinal** **Brush**

The attention of trained nurses and masseurs is called to the Spinal Brush, a most important mechanical aid to friction and accelerator of circulation. Recommended by the medical fraternity. Wherever stroking or rubbing the back or spine is indicated, this brush intensifies the beneficial effects. Particularly useful to quiet nervous patients and to relieve headaches. Will save nurses many sleepless hours. Sent postpaid on receipt of one dollar. The Spinal Brush Company, 1133 Broadway, New York.



# KINGSFORD'S OSWEGO CORN STARCH



The ORIGINAL, PUREST, BEST.  
For CHILDREN and INVALIDS it forms a most excellent FOOD with milk or beef tea.

HIGHEST • AWARD, • CHICAGO, • 1893.

Send stamp for free copy of our dainty book of over 200 new recipes. Mention this Magazine.

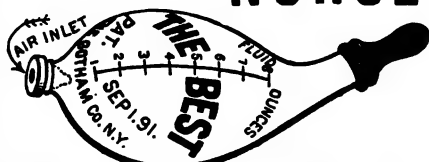
T. KINGSFORD & SON, Oswego, N. Y.

ASK  
YOUR  
DEALER  
FOR  
THE



PNEUMATIC  
CUSHION  
HEEL

## "THE BEST" NURSER



NIPPLE  
CANNOT COLLAPSE  
PREVENTS WIND-COLIC  
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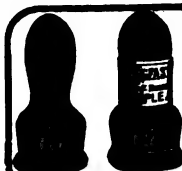
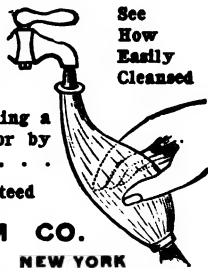
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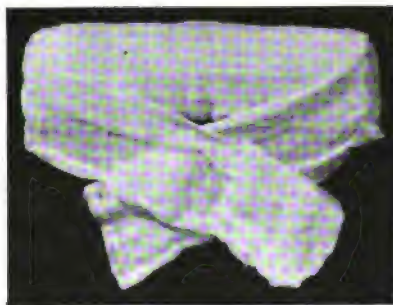
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## The Trained Nurse and Hospital Review

An Institutional Journal Representing the Hospitals of  
the Country and the Nursing Profession.

Conducted by  
ANNETTE SUMNER-ROSE

NEW YORK :  
LAKESIDE PUBLISHING COMPANY  
PUBLISHERS.

(Published Monthly.)

NEW YORK OFFICE—Metropolitan Building.

BOSTON OFFICE—With Old Corner Book Store,  
Washington Street.

### THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

Annual Subscription, post-paid	- - - - -	\$2.00
Single Copies	- - - - -	.20

Entered as second-class matter at the New York Post Office,  
March 14th, 1901.

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**"The Law and  
the Doctor"**

Amid the multiplicity of his daily duties the average practitioner knows but little of the legal aspect of his relations to the body politic, or his rights and privileges, or his liabilities and responsibilities to his patients and the community at large. While pursuing "the even tenor" of his professional way, the doctor may suddenly be confronted with a summons and complaint in an action for malpractice, or may be called as an expert witness in a similar suit against a colleague. We believe that the physician should acquaint himself with the fundamental principles of medical jurisprudence, so that he may be reasonably well prepared to defend his own or his brother physician's rights and privileges on the witness stand. With a view to placing such information at the immediate disposal of the doctor, the Arlington Chemical Company has arranged to issue, under the title "The Law and the Doctor," two forty-eight-page booklets, which shall present in condensed form and succinct style an epitome of the essentially important features of (1) "The Civil Liability of the Physician for Malpractice," and (2) "The Physician as a Witness." The exceedingly practical monographs have been expressly prepared by an eminent member of the New York bar, who is well recognized by the legal profession as an expert in this special branch of practice. The first of these reference text manuals is now ready for distribution, and after a reasonable interval will be followed by the second monograph. Copies may be had by applying to the above company.

■

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The Antikamnia Chemical Company, of St. Louis, Mo., is never tired of issuing beautiful reminders of their most beneficial remedies. This year their calendar takes the form of a sweet-faced nun pictured in colors on a plaque nearly a foot square. The advertising matter is in such small print that it is hardly noticeable and does not detract from the artistic merit of the work. On the back there is a calendar for 1904. Sent free to nurses on request.



January no. missing.

# The Trained Nurse and Hospital Review

Vol. XXXII

NEW YORK, FEBRUARY, 1904

No. 2

## The Trained Nurse in Private Practise\*

P. C. Remondino, M.D.

President Board of Health, San Diego, California

**A**FTER a long course of lectures, close study and practical experience in a training school, you are now about to enter the broader field of a private trained nurse, and while your lot will the more often be cast in pleasant places, where your services and efforts will be appreciated, you will now and then fall into places where you will sigh for the order, regularity, and discipline of the hospital where you have spent so many days in the conscious pleasure of doing well your duty, because the atmosphere of order and discipline had its beneficent effects upon the patients as well as upon yourselves. While you are not subject to the annoyances that beset the young graduating physician, who oftentimes through lack of employment wishes he had followed any other vocation but that of a physician, as most of you will from the first find steady occupation, you will often find yourselves in positions and predicaments wherein you will the better pass through if properly instructed and forewarned.

Do not for a moment imagine that with the securing of your diploma your vocation of a student has ceased. Even

with the best and most successful physicians their success and reputation depend upon their assiduous and continuous application to study, and in their keeping fully abreast with all progress that is made in the profession, and as your duties and work are but supplemental to that of the physician, it follows that to be a good and reputable trained nurse you must follow in like continuous studious paths. Never neglect an opportunity for improving yourselves in your chosen calling. To do this well, let this object never be lost sight of, and do it with order and system. You should always have a note book in which you enter any newly acquired idea; by so doing you will not only fix it in your memory, but you will have it for future reference.

You will find that with every new case you will learn something either from the attending physician or from the idiosyncracies of the patient. You must learn to individualize your patient and to study that individuality. The physician that fails in his appreciation of this study will never make a successful physician, nor will the nurse make a conscious success who fails in likewise pay-

\* Address to the graduating class of the Agnew Sanitarium, contributed to THE TRAINED NURSE, by Dr. Remondino.

ing careful attention to these details. To well train yourselves in this you must cultivate observation, patience, and calmness. Never rush to conclusions.

One means of improvement is to keep in continued touch with the advances in your profession. To do this, I would advise you to subscribe at once for the leading monthly publication devoted to trained nursing, as well as to one of the leading weekly medical journals, wherein you will find epitomized the progress of medicine and surgery. These will enable you to understand the physician's ideas better than if you remain in ignorance of these progresses and of the studies he follows. It will enable you to make more intelligent reports, as you will also be the better in position to comprehend the nature and order of existing diseases, the fluctuation in epidemic and other diseases, changes in forms of treatment, as well as those channels of information which will keep you abreast of new surgical procedures, changes in dressings, and of many innovations that all nurses should know, as well as the surgeon.

Let me here give you a word of advice. Do not forget that it is, and ever will be, a very poor and ill paying economy to do anything second rate in anything that pertains to your possible professional improvement.

A good medical journal as indicated will cost you from four to five dollars per year; this, with the nurses' magazine which will cost you from two to three dollars more, will make an expense to you of seven or eight dollars. Do not deceive yourselves by subscribing for any cheap journals, as by so doing you will simply throw away your money. Subscribe for the best or not at all.

The same advice is applicable to your

outfit of thermometer, scissors, forceps, and other dressing instruments. Always procure the best and you will always find them the cheapest in the long run. In this connection I want to give you another word of advice. With your outfit that you will carry to the house of the patient and which should always be ready in a telescope or grip, you should add a urinary specific gravity glass bulb and tube, with which you should carry some litmus paper, so that if the attending physician desires it you will be able at once to give him the desired information. A physician cannot well carry these from house to house, but the nurse can easily make of these a part of her outfit. An eight-ounce graduated glass measure will also be of great assistance and enable you to make your report more exact. The expense of these small articles is trifling compared to the benefit they will be to you. Attending physicians finding you well prepared to assist them, will hold you in greater estimation, as they will always feel that with you at the bedside they can rest assured of such reports as will place them in possession of all the knowledge concerning the patient requisite to enable them to form a correct opinion of the state of the case.

There is a phase of your future life, however, that will make or unmake you, smoothen or roughen your journey through life, and make the latter sweet or sour, and this is how you are to conduct yourselves in your professional intercourse with the laity and the physicians. To do this with safety, comfort, and credit to yourself and maintain at the same time the properly required circumspection and the confidence and esteem of the laity and the physicians, is not always as clear sailing as might be imagined. Many complications will

arise that will find you in very trying positions. In the first place you will be beset by the unethical ideas and illogical notions that pervade the laity concerning those things that are either injurious for them or wrong, and on the other hand, you will now and then run on to that twelfth man in the professional ranks who bears the same relation to the rest of the profession that Judas bore to the other eleven apostles.

The laity—and this will include not only the patient and his immediate family, but too often the rest of the neighborhood—will often beset you with questions which if truthfully and uningeniously answered would be an injury physically or otherwise to your patient, or further complicate the difficulties under which the attending physicians are already laboring. School yourselves under these circumstances to avoid giving any definite reply to the smallest or most trivial of these questions, and you will thereby avoid much trouble. You will find many inquisitive neighbors, some impelled by simple curiosity, others by pure friendship, and some by a purely mischievous instinct, who will deploy a strategical and diplomatic skill in their gradual manner of approaches to obtain any desired information that should have placed them at the head of the Department of State of the Government. Do not forget that if you allow yourselves to be entrapped into making any admissions you will not find it an easy matter to beat a retreat when you find that you have gone too far.

Never forget that you owe a combined duty to your patient, your physician, and to yourself, and that any indiscretion may or will work an injury in some one unforeseen quarter. To avoid any reference to your cases turn the conversation—if unavoidable—into

some opposite channel. Never allow yourself to be dragged into conversational fields that are compromising or dangerous, and which may lead up to a discussion of the case of which you have charge as a trained nurse. To any direct question as to what ails Mr. or Mrs. So and So, you can simply say that they are sick and stick to that. Avoid any and all explanations. I have done this for nearly forty years, and I have always found it a very effective method of stopping all meddlesome inquiries, and now I am never annoyed. Disgruntled neighbors will say you are uncommunicative and non-committal, but will silently respect you all the more for it, and when they want a faithful nurse they will be more apt to employ you than one whose mouth is as wide open as a barn door.

Make it a rule when you enter a home to make all that passes therein, either as to their habits, conversation, or sickness, matters as private as if you had been given a confidential letter to read which affected the welfare of the family. When you leave the house, leave all knowledge of it, as far as the rest of the world is concerned, behind; never allow its doings or conditions ever to enter into any conversation. Always be so placed that if any insidious person should charge you with having said so and so, or with having made any admission concerning the illness or any domestic happenings that had occurred in any home, you can always say that it is certainly a mistake, as you never discuss patients or their home life, but to say this with acceptable emphasis, you must be in position of being known never to gossip. Therefore cultivate and practise habits of increasing reserve in these respects.

One very successful way of avoiding being drawn into mischievous gossip—

even if you do not take any part in it—is to be possessed of a fund of irrelevant knowledge. To gain this you must cultivate your minds by reading current literature, going to cheerful and wholesome plays and concerts. You cannot maintain healthy minds or bodies while in constant confinement and attendance on the sick. You must have some healthful relaxation and cheer. This will brighten your horizon as well as your mind, and place you in better mental and physical condition. It will also furnish you with plenty of material for interesting conversation. When you meet with an inveterate questioner and gossip, or one of those good intentioned, but very annoying, busybodies who are over-generous with their advice or questions, at once become the aggressive gossip, but keep your adversary out into deep water and prevent her or him from obtaining the initiative. You must therefore cultivate conversational habits so that you can bring them into play either to entertain a patient or to ward off inconsiderate and intrusive persons.

I have mentioned the disciples of Judas who infest the profession. Such men are born with an evil, selfish nature, and are really no more accountable for its possession than they are for their complexion. It is with them an inheritance. In your intercourse with such, you should be well on your guard, and it is here where a well cultivated habit of avoiding any references to other cases, other physicians and their treatment, as well as to domestic affairs of those who have been your patrons, will stand you in good need, as any stray bit of accidentally dropped information will always be at once picked up and employed in such manner as will best serve the selfish interests of such natures. Such men will attempt to delude you

with promises of cases and of good patronage, promises which they have already made so plentifully and promiscuously that it is out of their power to make them good, even had they the honesty to attempt to keep a promise. Such men will often attempt to entice you into an offensive and defensive alliance with a view to the obtaining of business, your part of the alliance to consist in laboriously recommending the medical man to all your friends and employers. Such men will not hesitate to resort to falsehood to turn you against other medical men who are honestly your friends, and then manage to convey any disparaging remarks that you may in your resentment have been betrayed to make, to turn other physicians against you. Avoid such men by all means. They are not your friends, nor anybody else's friends, and I might even say, they are not their own friends, as such methods sooner or later meet with their proper retribution.

Never allow yourself to be betrayed into speaking ill of any physician. If you feel that you have not been properly treated, keep your own counsel. If a physician blames you unjustly for any unfortunate occurrence in connection with a case, and you feel that this unjust blame is simply to make of you the scapegoat either for that which is unavoidable, or that which has occurred as a result of negligence of some sort on the part of the physician, it is your privilege never to nurse a patient under his care. You can always avoid doing so without coming to any open rupture.

You should cultivate a cheerful and helpful disposition. Do not allow yourselves to descend into the pessimistic trend of thoughts that leads you into the contemplation of the dark side of things, and which always fears for the worst.

There is nothing worse about a sick-room than a face whose emotions betray hopelessness. Do not forget that cheerfulness tends to health and assists recovery, just as much as its reverse tends to induce morbid states and to retard recovery. Neither must you ever forget that cheerfulness and despondency are very infectious, and that the latter is very depressing to a patient.

In your intercourse with your patients and the relatives and friends, never allow yourself to indulge in the morose habit of recollecting all the cases, real or imaginary, that resembled the one then under your care which have either terminated in confirmed invalidism, permanent crippling, or in slow creeping death. If you have no like cases that terminated happily, you must not imagine that such have not existed. Refer to those only and let the others slumber.

Nurses at times fall into the habit of looking over-serious, and making too much of what is otherwise a trifling case. Avoid such habits. While it may at the time terrorize the patient and family and make them for the time being overestimate the value of your, or of the physician's services, such a habit will ruin your reputation in the end.

Then again you will find patients who positively insist upon being very, very ill, or even most dangerously sick, when they have nothing more than a commonplace accidental derangement, and who will viciously resent any opinion to the contrary, just as you will meet patients who suffer from an endless variety of ills, and ailments, which are largely in their imagination. Here you must not forget that such patients suffer as much and as acutely as if actually afflicted with a real disease. You cannot laugh them out of it any more than you can drive them out of it. These cases belong to the neur-

asthenic group, and will really require your best care.

As a private nurse you will have to assume many responsibilities. How you discharge these properly and acceptably and with credit to yourself, will greatly depend upon how you educate your powers of observation. For instance, you will find patients who are exceedingly and needlessly apprehensive about themselves, and you will still oftener find relatives who are still more apprehensive and bordering on a state of chronic panic. If you will allow yourself to call for the doctor as often as these too often ungrounded fears suggest his presence, you will not gain much credit with the physician whom you are needlessly disturbing, especially if he happens to be a very busy man and averse to notoriety. If, on the other hand, he should be one of those who love to exaggerate the importance of his cases and is very fond of notoriety, is not over-burdened with patients, you must be very careful how you interfere with these needless calls and thereby tread on these his sensitive toes, as you will not easily be forgiven.

Then, again, you must learn from the appearance of cases when in your opinion an extra visit is actually necessary. In case of any sudden changes or rapid progress of unfavorable symptoms, you should inform the head of the family of the necessity of the physician's presence, or of the necessity of his being made acquainted with the changed condition of the case. You will perceive from that which I have said that you must learn to study the character of the attending physician, as well as those of the patient and his family; but above all that you must well and thoroughly familiarize yourselves with the import of the physical signs that accompany dis-

eases in general. In this you will be greatly assisted by quietly learning the hereditary traits that pertain to the family of the patient, as they affect him or her constitutionally in health or disease.

You must learn of the effects of the inordinate use of tobacco, of any great physical exertion, intemperance in diet, or of protracted exposure. You must study the effects of various habitations and business occupations on health, as all these tend to affect the prognosis in any disease. To understand these subjects well you should read works on practical hygiene, as well as some of the books that treat on longevity, where you will find much instructive material that is not dealt with in the more immediately technical text book on either medicine or surgery. This knowledge is very necessary to you, as you will find that much of the responsibility of the dieting will fall upon your shoulders as well as most of the care of the convalescence. The patient will want to gain strength rapidly, and he and the relatives will want to make haste hastily, whereas in many instances you will get along more quickly by making haste slowly. The eliminative organs, of whose functions you have been instructed, are often in no condition to cope with strong beef tea and other stimulants with which relatives want to bolster and quickly build up the patient. More often you must give the lighter broths and milk rather than beef extracts or essences, and do not forget that in case of stimulants in convalescence that the smallest quantities always give the best results. A tablespoonful of brandy so divided as to cover the twenty-four hours is all that any adult patient should ever take, provided there are no contra-indications to its use.

Many relapses are the result of at-

tempting too much haste in forcing convalescence and many a restless night has been forced upon a patient by what, for his case, was actually overfeeding. There exists a vulgar idea that overfeeding is necessary for strength. Trainers of athletes understand this subject of the relation of food to strength, endurance, and health much better than the laity, and the application of their principles of diet to the masses would save much unnecessary illness as well as much of retarded convalescence.

You can readily understand that if you are able to enlighten the laity on these subjects your task will become much easier. Most persons are open to convincing logic when backed by intelligent illustrative incidents, and to be able to speak convincingly you must study and well understand the underlying premises upon which your assertions are founded.

Lastly, do not forget that your profession is largely one of philanthropy; that the primary object which prompted the education of women into the science of nursing was such as sent Florence Nightingale and her devoted co-laborers to the hospitals of the Crimea nearly sixty years ago, that of relieving suffering and alleviating the condition of the sick and injured. With such a spirit to guide you, you will meet with less disappointments and more conscious rewards. It will lighten your work and clothe it with a sense of Christian duty that one who works simply for material gain can never feel. Never forget the saying of the late lamented Dr. Hayes Agnew, him after whom your school has been named, and whose name appears on your diploma, that, "It is a great and good thing to feel that you are not always working for mere money."

# The Nauheim Treatment in Combination with the Schott System

Max J. Walter

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**I**T CAN hardly be questioned that Beneke, of Marburg, at one time local bath physician at Nauheim, was the originator of the now famous Nauheim system. His work being exclusively devoted to mineral baths, was afterwards supplemented by Oertel, likewise a physician at Nauheim, who elaborated a treatment combining the baths with cardiac massage, and hill-climbing upon a graduated and systematic scale. Upon the death of Oertel the hill-climbing exercise fell into disfavor, and in its stead, as an auxiliary to the baths, August Schott brought forward certain resistance movements similar to those constituting the Ling system of Swedish gymnastics. The work of these three experimenters has been yet further elaborated by Theodor Schott and Groedel. The details of the combined and improved methods are now known as the "Schott" system.

First, what do we distinctly understand by a Nauheim bath? In a word it is a carbonated brine bath, also known as the effervescent bath, and as administered at Nauheim, Germany, is a full bath of natural mineral water which contains carbonate of soda, chloride of calcium, and carbonic acid gas. The last ingredient, long since known as a valuable therapeutic agent, is the most active factor in the bath; the entire body of the patient is covered with the minute bubbles of the gas, which if disturbed are promptly replaced by a fresh supply.

The author enjoyed the satisfaction upon a recent visit to Nauheim of mak-

ing a personal investigation (under the immediate direction of Dr. Theodor Schott) of both the system of baths and of exercise as there practised; as a result of which he is finally convinced not only of the superior value of these methods in the treatment of even extreme cases of cardiac disease, but in renal affections, dropsy, chronic nephritis, anemia, asthma, rheumatic and gouty affections, and all neurasthenic conditions.

The power of the Nauheim or effervescent bath to favorably influence the dilated heart must be witnessed in order to be realized. The heart sometimes lessens its volume to the extent of one fourth of its dilated size in the course of a single bath, in other cases of dilation the area of cardiac dulness will in a single bath be diminished nearly an inch in diameter.

In renal affections equally good results are promptly obtained, albumin very frequently disappears from the urine; the labor of the kidneys is materially lessened since the bath invariably stimulates the skin to increased activity.

Indeed, the powerful reflex vasomotor effects resulting from the stimulation of the skin by the carbonic acid gas and other ingredients is one of the foremost physiological values of the effervescent bath. A strong derivative and revulsive influence is produced by thus stimulating the cutaneous circulation without provoking thermal reaction. And thus a primary effect of the treatment is the relief of congestion, the congestion of

the entire viscera, and that as well of rheumatic and gouty conditions. The activity of the peripheral vessels lessens the labor of the heart, as the increased activity of the skin lessens the labor of the kidneys.

But however valuable this therapeutic agent may be, if its merits were limited to those only who were fortunate enough to be able to visit Nauheim it could have no importance to the world at large. The interesting fact that this is not the case is the occasion for the writing of this article. For it has developed that the effervescent or Nauheim bath can be artificially prepared at pleasure practically identical in its effects with those enjoyed by the use of the natural waters at Nauheim. Theodor Schott has not hesitated to admit this fact in a paper contributed to the *Medical Record* in 1891. "I am convinced," he says, "by many experiments that identical results may be achieved by artificially prepared baths," which statement Dr. Schott repeated to me this summer at Nauheim, emphasizing the fact that the results depend more on the proper manner of administration than on the location, provided proper facilities are obtainable.

Among the various ways of preparing the Nauheim bath, some inconvenient and expensive, I found through experiments conducted under my supervision, the space being too limited to discuss them in detail, the use of the Triton effervescent bath salts to be most practical in every respect.

The manner of administration is a subject of especial importance if the possible results are to be realized. There is no such thing as a uniform and fixed dosage, and while there are several methods of carbonating the salt bath, there yet remain many methods of giv-

ing it. As a rule the baths are administered in three general grades, the stimulating effects of which are progressively increased by adding grade by grade increased proportions of the necessary chemical ingredients. Success next depends upon the minutest attention to details, such as temperature, duration, frequency, and progressive strength.

About fifty gallons of water, or sufficient to immerse the body, is employed, the temperature of which for the first bath to be 98°. Since a long immersion at this temperature depresses while a short immersion stimulates, the duration of the first bath should not exceed seven or eight minutes. The same temperature and duration are to be repeated for the second bath the day following, and on the third day the bath is to be omitted. As the series progresses three different changes are constantly occurring. The temperature is gradually lowered to 90° from 98° F., the duration is gradually prolonged perhaps one minute each series until a maximum not exceeding twenty minutes is reached. Finally, these changes in temperature and duration are accomplished with a carefully graded increase in the mineral strength of the bath, by adding a pound of salt in accordance with the increase of time with each series of baths.

Certain precautions should be observed in giving the bath to feeble patients. It should not be administered to such oftener than every other day at the beginning. If dyspnea, a difficult or labored breathing, is present upon walking to the bath, first allow the breathing to become tranquil. But even the strongest patients should not take more than three baths in succession. It is always best to start with the mildest bath at a temperature of 98° F., and lim-



ited in duration. The patient must not be allowed to become chilled.

But what is properly understood by the Nauheim system does not consist of the baths alone, but includes the baths as supplemented by various courses of curative exercise, passive, resistive, or active, as indicated by the individual case. Except in cardiac disease, massage is often administered as an all-sufficient means of passive exercise. But where the heart is affected, and in certain other diseases, the intelligent system of resistive movements devised by Dr. Theo. Schott has been employed for twenty years at Nauheim with results that have commanded the respectful attention of the medical world.

The Schott system of "heart gymnastics" differs from the usual Swedish resistive movements in the important sense, when applied to cardiac disease, of being "gently resistive." The exertion on the part of the patient is to be small at first and increased as the series progresses step by step. The exercise is invariably graduated to the patient's strength, and the duration of the seances progressively increased from 15 to 40 minutes, including intermissions.

The success attained by the Schott exercises is largely owing to his strict advice as to details. Even the matter of interest or enthusiasm on the part of the patient is encouraged, for "movements," says Dr. Schott, "without design, weaken the heart; movements with design strengthen the heart." The pulse is carefully counted before, during, and after the seance. The operator is not to grasp or otherwise constrict the patient's limbs, but all resistance is made with the hand flatly held.

The following rules are also insisted upon:

1. Each movement is to be performed slowly and evenly, without jerking.

2. Each movement, single or combined, is to be followed by an interval of rest (sitting).

3. No movement is to be repeated twice in succession in the same limb or group of muscles.

4. The patient is to be instructed to breathe naturally and regularly, and not "hold the breath" during any movement.

5. The operator must watch the patient's face for (a) irregular breathing, (b) pallor of the cheeks or lips, (c) straining or trembling, (d) dilation of nostrils, (e) drawing down corners of the mouth, (f) sweating.

6. Should any of these signs appear something is wrong, the resistance is too great or the execution too rapid; in either case the movements must be interrupted, and the patient allowed a period of rest.

While in advanced cases the series of movements may be somewhat extended, the following list comprises all the exercises really essential to a complete treatment of the "heart gymnastics," and is the series selected and quoted by Dr. Theo. Schott himself in his "Lectures on the Action of Medicines."

The exercises, apparently very simple, should only be given by well-trained operators and *I caution against the attempts of the inexperienced.*

Exercises to be given in the "standing" position, with the operator resisting.

1. Raise the arms slowly outward from the side until on a level with the shoulder. After a pause slowly lower to position.

2. Incline the body sideways as much as possible toward the right, and then to the left.

3. Extend one leg as far as possible sideways from the body, the patient steadying himself by holding on to a chair. Same with the other leg.

4. Extend arms in front of body to a level with shoulders, and then put down.

5. With hands resting on hips, bend body forward as far as possible, then return to upright position.

6. One leg is raised with the knee straight forward as far as possible, then brought back. Repeat with the other leg.

7. With hands on hips, the body is twisted around as far as possible to the right, and then again to the left.

8. With hands resting on a chair, the back stiff and straight, raise first one leg and then the other as far as possible backward.

9. With fists supinated the arms are extended outward and next inward at the level of the shoulders.

10. Raise each knee as far as possible to the body and then extend leg.

11. With fists pronated extend arms as in exercise 9.

12. Each leg is bent backward from the knees and then straightened.

13. Each forearm is bent and straightened from the elbows.

14. Arms are brought from the sides

forward and upward, then downward, and back as far as they will go, the elbows and hands being straight.

15. Arms are put at a level with the shoulders and then bent inward and again extended.

16. With arms in front at level with shoulders and the hands stretched, the arms are opened out sideways and then brought together.

17. Arms are bent from elbow, lifted outward and extended.

The exercises in the lying or sitting position are preferably foot flexion and extension, thigh flexion and extension, and chest lifting.

The physiological effects of these movements are found to be a well distributed muscular action resulting in the pumping of the blood toward the surface of the body, thus relieving the heart. In this the exercises produce results similar to those of the bath. That is, they warm the extremities, render the breathing freer and deeper, and the pulse slower and stronger. Sometimes the baths produce the most marked effects, sometimes the exercises. For best results and quickest, both should be employed. As a rule the exercises are to be given an hour before or not sooner than two hours after the bath.



# Nursing Typhoid On a Ranch

Margaret Hughes

Helena, Montana

ON SEPTEMBER 20th I was called to a case of typhoid on a ranch nine miles from the city. Found my patient an emaciated boy of thirteen years, who had been sick about a week.

During the first two weeks the case ran along smoothly. Temperature from 103° to 105° F. Pulse, 90 to 100. Respiration, 22 to 24. Temperature quite easily controlled by cool sponging. Defecations numbered four to five per day. Well digested. Antiseptic treatment.

About beginning of third week milk was not well digested. Milk was then peptonized, but was either not retained or passed undigested. Diet again changed. Patient now put on broth and albumen water. There was no further emesis. Defecations numbered seven to fourteen per day. Very offensive.

Temperature, 103° to 105.8° F. Pulse, 100 to 110. Respiration, 24 to 28. Temperature very obstinate. Reduced with difficulty to 103° F., with cold baths and compresses. Frequent hard chills.

Early in fourth week I asked for assistance at the case. This was cheerfully granted and Miss Marshall, my room mate, came to my relief.

On October 12th there were three hemorrhages, one quite copious, and two smaller ones, of perhaps four ounces each. Temperature, 103° to 104° F. Pulse fluctuating, 110 to 128. Respiration, 28 to 34. Temperature very obstinate. Pulse, intermittent and irregular.

Congestion of lungs quite extensive.

Spts. frum.  $\bar{3}$ ss, strych. nit. grs. 1-60 (per hypo.) q<sup>h</sup>.

On October 15, discontinued cool sponging and used cool packs to control temperature.

Increased stimulation, spts. frum.  $\bar{3}$ ss q<sup>h</sup>.

Strych. nit. grs. 1-60 (per hypo.) q<sup>h</sup>. Nitroglycerine grs. 1-100 (hypo.) s.o.s.

Delirium quite marked. Sleep restless. Urine frequently voided involuntarily. Chills frequent and hard.



The Ranch

We started in the fifth week, temperature still running at 103° to 104°; cool packs being given about q<sup>h</sup>. At twelve on morning of October 19, temperature dropped from 103.6° to 98.6°, after a short pack. Gave extra stimulation. Pulse remained about as good as usual for two hours, then suddenly became weak and compressible. Gave strych. nit. grs. 1-60 (per hypo.), spts. frum.  $\bar{3}$ ss. But feeble response to stimulation. Then pulse at radius grew imperceptible. Gave nitroglycerine grs. 1-100 (per hypo.). Pulse now improved.

From this time temperature was controllable by cool sponging, and by end of sixth week had reached normal.

During fifth and sixth weeks, patient

was on a diet of milk and aqua calcis. This was now well digested. Strength regained rapidly. All stimulation cut off by middle of seventh week. Patient now making rapid convalescence.

Nursing on a ranch is indeed quite different from nursing in cities. It has its advantages and disadvantages. Of the latter, I considered lack of telephone connection with the doctor's office the greatest, as all responsibility was thrown on the nurse for two and three days at a time. The packs entailed much manual labor, all the water having to be carried from a well in the back yard; and the defecations, which numbered four to fourteen per day, had to be carried some distance from the house and buried.

Aside from these inconveniences we enjoyed nursing in the country. We appreciated the bracing air, pure milk and cream, and fresh eggs.

The valley was beautiful in autumn tints, and the haze of Indian summer



Sympathy in Anxiety

hung over the mountains. We found much diversion and interest in kodak work.

A saddle horse was at our disposal and many a gallop did we enjoy through the valley and over the hills.

It was a critical case, but none in our experience has ever been more pleasant or satisfactory.



A Saddle Horse was at Our Disposal



The Doctor's Visit



**The Nurses**



**A Moment's Diversion**

# Relations of the Trained Nurse to Modern Surgery\*

William Francis Campbell, M.D.

Brooklyn, New York.

Professor of Anatomy, Long Island College Hospital; Surgeon to Bushwick Central Hospital; Assistant Surgeon Kings County, St. John's, and Long Island College Hospitals; Consulting Surgeon Jamaica Hospital.

**M**ODERN surgery is an evolution. In that evolution the trained nurse has been an indispensable factor. To Morton are we indebted for the anesthesia which robs surgery of its pain; to Pasteur for demonstrating the micro-organism to be the surgeon's enemy; to Lister for the practical application of antisepsis in destroying the surgeon's enemies; and to the trained nurse for the intelligent, faithful, and conscientious co-operation in developing and elaborating that complicated technique which accompanies all operative procedures.

The surgeon and the trained nurse are co-laborers in a field of endeavor where integrity, conscience, and character must form the warp and woof into which all the concrete technique is spun.

While the surgeon ought to incarnate the highest aseptic ideals for the nurse, the nurse must inspire implicit trust and absolute faith in her integrity to do for the surgeon as he would do had he the power to do that for which he must depend upon the nurse.

Thus there is established a fine inter-dependence. The nurse will look to the surgeon for her ideals of asepsis. The surgeon will rely upon the integrity of the nurse for the elaboration of his technique and the certainty of his results.

But if modern surgery acknowledges its obligations to the trained nurse, so must the trained nurse be mindful of

her debt to surgery. The development of modern surgery fostered the growth of the nursing profession, and lifted it from the mediocre to the matchless position it holds among professional women. It demanded a deeper, broader, finer training; it called for more intelligent, better educated, finer equipped women. Obedient to the law of supply and demand came the modern nurse to fulfill the needs of modern surgery. Your profession has been elevated, magnified, broadened, by the necessity which the aseptic technique created for women of the highest intelligence and deepest integrity.

Permit me to suggest that the trend of modern surgery is toward institutional work. In the hospital the aseptic technique finds its highest realization. The private dwelling can never equal the hospital for operative procedures. The public is losing the fear and timidity inculcated by erstwhile hospital fables, and is realizing that its needs are best conserved in these institutions founded and dedicated for the care of the sick.

As this sentiment deepens more and more will the highest prizes in your profession be found in institutional work. We need more educated, cultivated, dedicated women to manage our hospitals, supervise our training schools, organize our operating rooms. These positions call for women who have the qualities of leadership; ability coupled

\* Address delivered before the Alumnae of the Long Island College Hospital Training School for Nurses, December 8, 1903, and contributed to THE TRAINED NURSE AND HOSPITAL REVIEW.

with conscience and character. Even now the demand exceeds the supply, and I would earnestly urge upon all who are inspired by a love for the work to equip themselves by post-graduate study and advanced work for those positions which must bring the highest personal satisfaction if not the greatest pecuniary rewards.

In speaking of your relation to modern surgery we might profitably elaborate the details of its complicated technique or formulate the rules which govern its practise. But behind the detail of technique and deeper than the rule or formula is the spirit which permeates the work and the fine ethical conception which should inspire the worker.

Your work will never bring you the highest satisfaction nor will you be able to reach your highest possibilities until you get into right relation with it by giving it its proper place in your life.

We hear much of the working class these days, as if that were a class to be relegated to the lower strata of society, deserving only of our pity and philanthropy. Do not be deceived by such sophistry. The highest class in America is the working class. The only man we can do without is the man who is not doing his work. The great artists, financiers, statesmen, professional men and women, from the highest to the humblest, all belong to the working class.

Your profession and mine, linked as they are together, confer upon us the dignity and distinction of belonging to the working class.

If your work fills the minor part of your thought, and gets the husks of your endeavors; if you work by the clock and wait only for the hour to

quit there is no song and no joy in your toil; you are a slave, a drudge, a common laborer. Not until you master the truth that your work is the most important thing in your life can you come into harmonious relations with it.

Work is not merely a means of winning bread.

Work is a means of winning character.

Work is not a task to be performed.

Work is an opportunity for your development.

The end of work is the making of a man or woman.

For work is the loom on which character is spun.

Two summers ago I made a pilgrimage to the home of a great surgeon. I visited the little town of Berne, lying amid the foot-hills of the Swiss Alps. The town is of no commercial importance. The markets of the world are little influenced by its products. It is just quaint, quiet, somber, secluded. There is a calmness in the atmosphere that makes the week-day like a Sabbath, and all about are great mountain peaks raising their snow-capped heads to the sky, and shining like coronets in the sunlight. This modest town is the home of a great genius, an inspiring personality, a matchless surgeon, Theodore Kocher.

What Wagner was to Bayreuth; what Emerson was to Concord, Kocher is to Berne.

As I watched the man at his task, as I walked the wards of the hospital with him, I marveled that so frail a body could master so monumental a work. The work seemed unceasing, the worker tireless. The deft fingers performed their manipulations with marvelous rapidity. All through the day the

worker never grew weary, and never lost his inspiring magnetism.

I was anxious to learn the secret of his power, and made bold to ask him. He told me that he enjoyed the work so much, and the work possessed him to such an extent that he was supremely happy only when he was absorbed in his task.

This is no exclusive secret of Kocher's; it is the method of all great workers. And history attests the truth that work is ultimately for the benefit of the worker. That every task you perform is for your development and your growth. If it is done ill, you deteriorate; if it is done well, you grow, and in the last analysis you are doing your work for your own self and in order that through it you may crystallize character.

In all the field of human endeavor there is no work quite like ours. Stocks and bonds may fluctuate; houses and lands may rise and fall, but human life cannot be estimated in the coin of the realm. Human life is priceless, and so the work that ministers to human life is the most exalted of all. To thoughtfully ponder the meaning and message of your life mission is to be inspired with its measureless possibilities and its matchless opportunities.

Modern surgery has reached a high state of perfection, but it is growing and changing and modifying its technique; the nurse, therefore, must realize the necessity of keeping pace with its advancement.

Some nurses, like some doctors, ceased to grow the day they received their diploma, and every day since they have deteriorated, because they have failed to grasp the truth that school is finished only when life ceases. For life

is only a school. The name of the school may change, the discipline of school remains the same. We call it the kindergarten, the primary school, the high school, the college, the training school, the life work, but they all imply the doing of a task, the learning of a lesson, the subjection to a discipline. You cannot stand still, you must advance or deteriorate. If you do not advance the procession will pass on and leave you alone and forgotten. Life is the school, work the curriculum; you are the scholar, character the diploma.

The complicated technique of modern surgery calls for many hands. The surgeon cannot do the work alone. Many assistants must co-operate with him in perfecting the details of his technique. The surgeon is responsible; every hand that assists at an operation is under obligations to carry out the ideal in the surgeon's brain. The surgeon's conception of asepsis must be the assistant's conception. Every hand must be cleansed, every instrument sterilized, every dressing prepared as the surgeon would do it if he could. The one ideal must permeate surgeon, assistant, paraphernalia, result.

There is no check on the work of the modern operating room but the check of individual conscience, and the great responsibility that weighs upon the surgeon, is the responsibility for the work over which he has no personal control. The work which must be done by you when no eye is watching; whether you prepare the dressings properly; whether you sterilize the instruments the required time; whether you cleanse your hands in accordance with the rule; whether you slight this or that detail of the work no one knows but you. For all you do in the preparation and execu-



tion of an operation the surgeon must shoulder the responsibility.

The surgeon holds no check upon your work, he depends absolutely and finally upon the integrity of his assistants. A surgical nurse must be conscience incarnate. However fine may be the methods of a surgeon, if his assistants lack integrity his results will be disastrous. Every assistant at an operation is a link in the aseptic chain; one defective link ruins the chain. Of little use are your rules and formulas, your methods and your technical knowledge, if back of them all and permeating them all is not the spirit of integrity.

In the mind of every nurse must be an aseptic ideal which shall govern and guide all her work, which never fluctuates and never fails.

All ideals deteriorate unless constantly nourished by contemplation of the highest and best examples. Nothing deteriorates the aseptic ideal so completely as a fluctuation in the application of its details. If the doctor is not particular, and the case is not a major one, the temptation to modify the technique and to be less particular in the

details are fatal to the maintenance of a high standard. Whether the case be great or insignificant, whether the surgeon hold a strict surveillance or not, your standard must remain the same and your ideal suffer no modification.

Some years ago there lived one Maydole, a blacksmith. To him there came one day a customer with the request that he make him some hammers better than those he made for his regular patrons. And Maydole replied: "I can't make better hammers than those I sell my regular customers. Every hammer I make is the best that can be forged." And some years later the Maydole hammer was known the world over as the best hammer in the market.

The spirit of the blacksmith is the spirit which should permeate and dominate and elevate your work. No matter for whom you work, or what your case, let your service and your co-operation be the best that can be given. If after every piece of work you can conscientiously say, "I couldn't have done better," the spirit of integrity will permeate your work, and it will blossom into beauty and beneficence.

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### Baths to Stop Infection

The Board of Health of Philadelphia, Pa., has adopted rules providing for a sanitary bath for inmates of houses infected with smallpox, which Director Martin recently issued. The resolution was as follows:

*Whereas*, Smallpox has existed in this city during the past three years, and

*Whereas*, The board has adopted measures for the prevention of the spread of the disease, therefore be it

*Resolved*, That the inmates of all houses where smallpox develops be removed to the Municipal Hospital for antiseptic bath and disinfection of their clothing. While this is being done the house will be thoroughly fumigated, and

*Resolved*, That this will be done in cases of diphtheria and scarlet fever, when in the judgment of the chief medical inspector it is necessary.

# Contagious Diseases

Constance V. Curtis

Superintendent Phoenixville Hospital, Phoenixville, Pa.

**W**E will first take up the eruptive fevers. The classification is as follows: Scarlet fever, measles, German measles, variola, and varicella.

*Scarlet fever* or *Scarlatina* is an acute contagious disease, characterized by the following symptoms: High fever, rapid pulse (the pulse being out of proportion to the temperature), a diffuse punctate rash, a sore throat, and an unusual tendency to nephritis. The contagium is usually carried through the clothes, milk, or other fomites. The contagium of the germs is very tenacious. Clothes packed away for years have led to outbreaks. The onset of the disease is generally sudden, occasionally with a chill, but more commonly with vomiting or convulsions. The throat symptoms—pain, difficulty in swallowing, fulness and tenderness around the jaw, an enlargement of the lymphatic glands. The tongue is first heavily coated, and as it begins to clear off from the edges the papillæ become bright red and swollen, and protrude through the fur. This appearance has given rise to the term "Strawberry tongue."

The pillars of the fauces, tonsils, uvula, and pharyngeal vault are deeply injected and become bright red before the rash develops on the skin. In severe cases the tonsils may be covered with a false membrane. The rash appears at the end of the first or second day on the chest and neck and rapidly spreads over the body. If you draw the finger nail through it for a second it leaves a white line, the eruption disappearing on pressure. It may be uniform or may grow

in discrete patches surrounded by a healthy skin.

In five or six days the red color gradually fades and a scaly desquamation soon follows. In some cases the rash is pale and scarcely visible; and in others it is slightly papular and vesicular. In malignant cases it may be petechial. The fever rises abruptly, reaching its height in twenty-four to forty-eight hours; remains uniform for three or four days and then falls by lysis.

The duration of the fever is from seven to nine days. The respirations are hurried; the appetite is lost; the bowels are constipated; the urine is scanty, highly colored, and often contains albumin. The nervous symptoms are restlessness, headache, insomnia, delirium, and convulsions may occur. The convulsions developing late in the disease are significant of uremia.

There are four forms of *Scarlet Fever*; very mild, very slight fever, faint rash, irregularly distributed. The child appears to be scarcely sick. Desquamation, with inflammation of the kidney, may be the first intimation that scarlet fever has been present. The second is the simple or ordinary. The third is the anginose, so called on account of the prominence of the throat symptoms in the malignant form the eruption is absent or scanty; all the nervous symptoms and all the general symptoms are extremely severe.

Many cases of scarlet fever have other complications. No case of scarlet fever should be considered favorable until convalescence is complete. There

is very little treatment necessary. The diet should be light—broths, fruit, jellies and custards. The skin should be sponged twice a day, or oftener, with carbolic solution, and then anointed freely with carbolized oil.

These injunctions are a source of comfort to the patient, and they prevent the scales from flying about when kept up during desquamation, and prove a safeguard against the spread of the disease. The bed clothing and bedding can be changed when necessary, with precaution against chilling. Too frequent changing is not advisable. The sick-room should be large and airy, preferably the top of the house, and southern exposure. All carpets, hangings, ornaments and unnecessary furniture should be removed from the room before the patient is taken into it.

The ventilation should be as complete as possible. In cold weather an open fire should be kept burning. A sheet rung out in some disinfectant, to which glycerine has been added, should be hung carefully inside the doorway. A small wash tub should be in readiness to receive all clothing and towels, which are to be freely sprinkled with disinfectants before going to the laundry, and boiled before being handled.

Old soft linen or muslin should be used in place of handkerchiefs for the discharges from the mouth and nose, and these may be burned as soon as soiled. Only the necessary attendants and the physician should enter the sick-room.

The nurse when spraying out the throat should have a piece of gauze over her face to protect her eyes and mouth from the discharges.

It is very necessary for a nurse to understand how to isolate a patient properly, so that the rest of the inmates

of the house will not be exposed to the contagium, especially if there be children.

If the nurse has the selection of the room, and it is possible, it is well to have a bath-room in connection with the patient's room. She can keep all the soiled linen, and wash her dishes there. If it is necessary for her to walk through the hall she should have a gown to slip over her outside dress, and keep a basin of bichloride so as to disinfect her hands before leaving the room.

It is well for the nurse who expects to nurse contagious disease to be prepared with a gown and a cap to fit closely over the hair. And when she goes out on the street for her airing she should have a separate suit of clothes. She should simply go out and take a constitutional without mingling with other people.

While nursing a contagious disease a nurse must look after her own health. She should take proper amount of sleep, an hour's exercise out of doors, and keep her bowels regular, and spray her own throat with either Dobell's or Seiler's solution or listerine.

Scarlet fever is a disease of childhood, and adults are not apt to contract it. Children between two and ten are most susceptible to the disease.

The room should be wiped up with a cloth rung out with carbolic solution. Never raise a dust in a room where there is any contagious disease, as you only scatter the germs around.

When the temperature continues high and there is great nervous disturbance and delirium, it is necessary to employ cooling baths not below 84° to 80°. If the bath depresses the patient very much the doctor generally orders half an ounce of whisky or brandy.

It is well to keep the patient in bed,

or in his room until the desquamation is over; partly as a precaution against exposure and errors of diet, and partly to detect the early symptoms of kidney trouble. And then it is necessary as a safeguard against spreading the disease.

It is the nurse's duty to watch the secretions, to measure the urine very carefully, and to call the doctor's attention if there should be suppression of the urine. If the kidneys become involved it requires prompt and energetic medical treatment. Perspiration may be excited, when there is suppression of urine, by hot or vapor baths, which may be administered in bed as follows: The covers being raised from the patient's bed by hoops, over which several blankets are stretched, and these well tucked in; while bricks wrapped in dry or wet flannels, as the case may be, are slipped under the cover, with due precaution against burning the patient, until the heat is as high as can be comfortably borne. Or steam may be introduced by the long spouted croup-kettle, or generated by slipping pieces of lime one after another into a pan of water under the covers, a towel having been arranged over the pan to prevent the pieces of lime or hot water from flying on the patient as it separates in slacking. Plenty of ice water should be given to increase perspiration.

Some skill and much care are required in giving a vapor bath in this manner. Before allowing the patient to leave the sickroom he must have two or three thorough warm, soap and water baths, followed by a carbolized bath, and be dressed in uncontaminated clothes. The hair should be thoroughly washed with carbolic also. Books and playthings ought to be destroyed by fire in the

room. The room should be disinfected with formaldehyde and opened to the sun and air for some days. Even then individuals who have never had scarlet fever ought not to be permitted to occupy the room for some time. Sunlight and fresh air are great germ destroyers.

*Measles* (synonym, rubeola or morbilli) is an acute contagious disease characterized by catarrh of the respiratory tract, a moderate fever, a red papilla eruption, which occurs on the fourth or fifth day, and terminates in two or three days by a brawny desquamation.

Measles is highly contagious and the poisons may be transmitted through the clothes and other fomites. The contagium is apparently associated with the nasal and bronchial secretions and it has not been isolated. It is most commonly observed in children, but unprotected adults are very liable to be attacked. It occurs, as a rule, but once in the same person; the period of incubation being two weeks. The symptoms are chilliness, coryza, watery eyes, photophobia, cough, and drowsiness.

The fever rises rapidly to 102° or 103°. On the second day there is a decided remission which continues until the fourth day when the eruption appears. At this time it again rapidly runs up to, or beyond, its original height, where it remains two or three days and then falls by crisis.

The eruption appears at first on the face and rapidly spreads over the entire body. It is composed of small red velvety papules which form groups, crescent in shape, and red spots are frequently noticed on the pharynx before the eruption develops on the skin.

*Hemorrhagic* or malignant measles. This form occurs under bad hygienic conditions and is characterized by a pe-

teachial rash, by hemorrhages from the mucous membrane and by profound prostration. Complications are very common and require very careful nursing. The patient should be isolated and kept in a well ventilated, darkened room and should have absolute rest, with liquid diet. The patient should never be allowed to use his eyes, as they are weak and very easily strained.

*Rotheln* (synonym German measles, French measles, rubella, roseola) is an acute contagious disease and resembles both scarlet fever and measles, but differing from them in its short course, slight fever, and freedom from complications. It is highly contagious and may be carried on the clothes or other fomites. It generally occurs in an epidemic, but sporadic cases are not uncommon. It is most frequently observed in children, but unprotected adults are not exempt. The period of incubation is about two weeks. The dis-

ease begins with slight fever, sore throat. The eruption appears on the first or second day and varies considerably in its character. In some cases the rash is composed of pale red, scarcely elevated papules, which are more or less discrete. In others the rash is bright red and diffused like that of scarlet fever. It begins on the face and rapidly spreads over the entire body, but it fades so rapidly that the face may be clear before the extremities are affected. Slight desquamation frequently follows, though it is often absent. Apart from the sore throat the catarrhal symptoms are absent. The cervical and auricular glands are more swollen than in measles. The duration is from three to five days. Complications are rare and the prognosis is good.

The treatment for this disease consists of absolute rest, liquid diet, refrigerant drinks, and sponging with tepid water.

(To be continued.)

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## Manufacturing Radium

In a report Richard Gunther, United States Consul General at Frankfort, says: Notwithstanding the difficulty in its production (tons of ore being required to produce one gram) a radium industry has already developed in Germany and France, and although one gram is sold for a little less than \$2,000, the manufacturers are said to have orders for several hundred grams. Radium possesses all the important qualities of the Röntgen rays in addition to the invaluable property of being ready for use at any time,

and furnishing its rays without the employment of apparatus. It has been demonstrated that a small glass tube, not larger than a goose quill, containing a little more than a thousandth part of a gram, is as effective as an expensive and complicated electric apparatus for the treatment of cancer—surpassing the best effects of the Röntgen rays. The ease with which radium can be administered locally, as for instance in the nose or throat, is an invaluable advantage.—*American Medicine*.

# Fever Nursing\*

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(Continued from January.)

## *The Treatment of Symptoms Referable to the Skin.*

At the onset of a febrile disease it is often wise to induce free perspiration by the use of hot water bottles, blankets, etc. During the course of the illness the patient's skin should be kept clean by a daily bath with warm water and soap. Dryness and harshness of the skin may be relieved by anointing the body with albolene or olive oil. Scales and pieces of epidermis that are cast off during and after contagious fevers should always be destroyed, preferably by burning, as they may become sources of further infection. Special attention should be given the points where bed sores are likely to form, namely, the backs of the heels and over the buttocks and sacrum. The sheets must be kept smooth and the bed thoroughly clean and free from crumbs, moisture, and contamination from the discharges from the rectum and bladder. The chief consideration is to prevent the beginning of bed sores by the strictest cleanliness, in addition to which measures to improve and harden the skin of the susceptible parts should be employed. To insure a good blood supply to those parts the patient should be turned upon his side several times a day and the skin of the back thoroughly rubbed with a dry towel and dusted with talcum powder. Applications rubbed into the

skin to harden it, such as salt, two drams, to whisky, one pint, or a dilute solution of lead sub-acetate may be employed. When the skin becomes red and irritated but is still unbroken it should be painted with a solution of silver nitrate, twenty grains to one ounce of water. When a bed sore has appeared, with the object of preventing its spread and of accelerating its cure, the patient must be so placed as to take all weight from the affected part. This may be accomplished by the use of an inflatable rubber bed ring. The sore itself must be kept clean by being swabbed with 1 to 5000 mercury bichloride solution and dusted with iodoform powder; a dressing of gauze on which zinc oxide ointment has been spread should be applied. In advanced cases the use of the water bed may become necessary. If the sore spreads and burrows through the surrounding parts free opening and thorough irrigation are indicated.

## *The Treatment of Symptoms Referable to the Mucous Membranes.*

Dry and cracked lips may be made more comfortable by gentle rubbing with albolene or cold cream. For the immediate relief of thirst, water, cracked ice, and acidulated drinks may be given as often as desired; a drink consisting of glycerine, one dram, boric acid, half a dram to the tumblerful of water

\*From advance sheets of "A Manual of Fever Nursing," based upon lectures delivered at the Fahnestock Memorial Training School of the New York Post-Graduate Medical School and Hospital, by special permission to THE TRAINED NURSE AND HOSPITAL REVIEW.

may be found acceptable. The mouth should be kept sweet and clean by the employment of regular and frequent washings with dilute listerine, tincture of myrrh, etc. A very useful formula consists of equal parts of listerine, peroxide of hydrogen solution and lime water, and water. The nurse should be careful to see that the mouth is washed after each drink of milk. There is no counter-indication to the use of the tooth brush. Sordes and coatings upon the tongue may be removed by swabs moistened in one of the above-mentioned solutions. A convenient tongue scraper may be made of a piece of whalebone bent into a loop. In cases where the tongue is extremely dry, the "tongue-bath" often affords much relief. This consists simply in holding the mouth full of fluid for several moments. In this way considerable moisture is absorbed by the mucous membranes.

*The Treatment of Symptoms Referable to the Digestive Organs.*

The nausea and vomiting may be relieved by restriction of diet and by administration of cracked ice. All vomited matter should be carefully inspected by the nurse and if it is unusual in appearance should be kept for examination by the physician. Excessive distension of the stomach or bowels by gas may be relieved by the application of hot compresses; by turpentine stupes which are prepared by wringing out a flannel in hot water, sprinkling upon its surface two or three teaspoonfuls of turpentine, wringing it again and immediately applying it to the abdomen; if marked redness and irritation are caused the stupe should be at once removed and the skin annointed with albolene or olive oil; by the insertion of a rectal tube through which the gas may

be passed; or perhaps best of all by the administration of a high rectal irrigation of a warm salt solution (one dram to the pint).

At the beginning of a fever the bowels should be opened by repeated small doses of calomel (one tenth to one fourth of a grain every half hour to six doses) followed by a saline. During the course of the disease a daily movement of the bowels should be secured by this means, by other laxatives or by enemata of warm soapsuds.

*The Treatment of Symptoms Referable to the Circulatory System.*

The pulse in fever should be studiously watched by the nurse and any marked change in its character reported at once to the physician, since by noting its action a fairly reliable estimate of the patient's general condition can usually be made. In severe cases heart weakness may call for various stimulants such as whisky. In extreme cases these may be administered hypodermatically and in cases of collapse hypodermatic injections of camphor and ether or camphor and olive oil may be given when directed by the physician with good effect.

*The Treatment of Symptoms Referable to the Respiratory System.*

The dry, irritating cough caused by tickling in the throat may often be relieved by a drink of water or milk or by the employment of a simple jujube troche or gum drop. Various expectorant and sedative drugs are used in the cough which accompanies involvement of the lungs. If the cough is so frequent and severe as to cause soreness of the chest this may be lessened by the application of hot compresses or by rubbing with various liniments.

*The Treatment of Symptoms Referable to the Urinary System.*

The urine should be carefully examined as to color and sediment and its daily quantity noted; when bidden she should save bottled and labeled specimens for the physician. Such a specimen to be of any diagnostic value should be a portion of the mixed urine of an entire twenty-four hours. Four ounces are, as a rule, a sufficient quantity; it is important that the bottle should be clean. Free action of the kidneys may be secured and the urine rendered less irritating by the administration of a saline diuretic; preferably in the form of "cream of tartar (potassium bitartrate) lemonade." This is prepared by dissolving one and one-half drams of cream of tartar in a pint of boiling water. Allow this to cool and flavor with a little lemon juice or peel, add a little ice and sweeten with sugar. This is a very palatable drink and may be taken *ad libitum*. When the urine is much diminished in quantity or retention (a rare occurrence) is present an increased flow of urine may be induced by hot applications over the kidneys or a high rectal irrigation of hot salt solution. In certain infectious diseases, notably typhoid fever, the urine is capable of transmitting the infection, consequently it should be handled with the greatest care and disinfected properly before being disposed of.

Seeming retention of the urine may be treated as above. Nervous patients who experience difficulty in voiding urine while in the recumbent position may be aided in starting the flow by hearing the sound of running water or by having warm water poured over the pubes.

When obstinate retention occurs and the patient is entirely unable to void the

urine catheterization must be practised. This may be done by the nurse upon the physician's order. Soft rubber catheters are preferable for males and glass instruments for females. The greatest care is necessary to keep these absolutely clean, for unless this is done infection may be carried into the bladder and cystitis result; such an accident should never happen, and when it does is due to carelessness in the care of the catheters, to lack of cleanliness of the hands of the person who performs the operation, or faulty technique in cleansing the patient's urethral orifice. Catheters should be boiled after using and kept in a 1 to 5000 solution of mercury bichloride. Before passing a catheter the hands should be sterilized, the orifice of the urethra cleansed with cotton wet with 1 to 5,000 solution of bichloride, and the instrument lubricated with sterile albolene or olive oil. It is wise to attach about a foot of rubber tubing to the open end of the glass catheter so as to guard against its passing entirely into the bladder, and to lessen the chances of soiling the bed clothes with urine. When incontinence exists a soft rubber urinal may be useful.

*The Treatment of Symptoms Referable to the Nervous System.*

The discomfort of the initial chill of febrile disease may be relieved by warm covering, hot water bottles to the extremities, by rubbing the body and limbs with warm woolen cloths, and by the administration of hot stimulant drinks. These measures are also applicable to the relief of chills occurring during the course of disease. In children convulsions may be treated by hot baths—not over 105° F. (40.5° C.) or by the administration of a few whiffs



of chloroform from time to time. The passage of a stomach tube and the washing out of the organ, or a rectal irrigation of warm saline solution will frequently cause a cessation of the convulsions.

During convulsions in the course of febrile disease the nurse must take care that the patient does himself no injury, beyond this the less he is restrained the better; constricting clothing about neck or chest should be loosened to guard against interference with respiration. If there be movement of the lower jaw some object such as a spool or roller bandage should be placed between the teeth to prevent biting of the tongue.

The nurse by her manner can do much to lessen the irritability and discomfort of ordinary febrile disease. She should step quietly, talk little, notice everything, and, while not seeming officious to the least degree, anticipate every wish.

Headache may be lessened by cold or hot compresses to the seat of pain; sometimes the cold will prove more efficacious, sometimes the hot; that which affords most relief should be selected.

The pain in the back and limbs may be mitigated by hot water bags, by massage, or by rubbing with various embrocations.

Dizziness may be lessened by the recumbent position; when arising after a continued illness the patient should first be allowed to sit up in bed for an hour or two a day, later he may be helped to an easy chair for a short time, then short excursions around the room may be undertaken with the help of the nurse until finally sufficient

strength has been recovered so that he is able to walk alone.

The mental symptoms often are relieved by the use of cold as described above; when they take the form of active delirium various sedatives may be administered, as the bromides, chloral, with morphine as a last resort, which should only be given under the authority of the physician. If restraint is necessary, and in extremes of delirium the strength of several persons may be required to hold a vigorous patient, it is legitimate to use a folded sheet extending from armpits to groins, laid over the patient and fastened under the bed with strong safety pins. Restraint by means of tying the hands and feet to the bed posts is never necessary.

During the marked weakness of severe febrile diseases the patient should not be allowed to move himself in bed; this must be done for him by the nurse. While the patient is in such condition as to be unable to make his wants known to the attendants, the greatest care must be taken that he receives his nourishment in proper quantity and at regular intervals and especial watchfulness should be exercised lest the bladder become too full. Under these circumstances catheterization may become necessary.

Hiccough occasionally baffles all treatment. Cracked ice, a teaspoonful of salt and lemon juice or salt and vinegar, or a teaspoonful of raw whisky may prove efficacious. Obstinate cases may respond to the antispasmodic drugs or the hypodermatic use of morphine when ordered by the physician. In certain cases the use of electricity may meet with success.

*(To be continued.)*

## The Less Serious Contagious Diseases of Childhood— Whooping-Cough (Pertussis)

S. Virginia Lewis

**A**S WAS remarked in a previous paper, whooping cough, though not belonging in the category of the more serious diseases—notably scarlet fever and the dreaded diphtheria—ought not, on that account, to be dealt with as trifling. But that this is too frequently the case among the laity may be on account of the general prevalence of the disease, the resulting familiarity having bred a certain contempt. It is a distressing malady, to say the least of it, and never, under any circumstances, should it be regarded without solicitude. This applies with special force to the delicately constituted, or the very young child, in which subjects an attack may end fatally. Such are undoubted cases for the trained nurse, and a pity it is for the youthful victims that this truth is not more commonly apprehended.

It is epidemic and highly contagious, more especially in its third stage. Incubation is from two to about seven days. The first stage is characterized by a bronchial catarrh, with a tickling in the throat which gives rise to an aggravating, dry cough. There is slight fever toward evening.

In from one to three weeks the disease has passed into the second stage. Now the cough is convulsive, with the characteristic “whoop” which confirms the diagnosis. These paroxysms are the result of irritation of the pneumogastric nerve by some special germ. The child attempts to expectorate the mucus which gathers in the top of the windpipe; and the severity of the spasms depends on the consistency of

this mucus, which may be tenacious or fluid; also on the nature of the inspired air, whether it has become well oxygenated or carbonaceous. A giving way to anger, or any emotion, will prove an exciting cause of an attack; as will also sneezing, violent movements of the body, changes of temperature, etc. A passive condition ought therefore to be encouraged as far as possible. Close confinement to the house is not at all advisable; for a stuffy room will do as much as anything to augment the paroxysms of coughing. Out-of-door life in tolerable weather is the best treatment. But the nurse should see that the little one be properly clothed, with flannel enveloping the chest, both summer and winter; for the blustry, raw winds of the frigid months will seek the vulnerable points, and a cold is a complication to be dreaded. It is apparent, then, that good judgment will need to be exercised in order to secure for the patient that necessary abundance of life-conferring oxygen, without incurring any risk. The sleeping room will require to be thoroughly ventilated without permitting draughts; and the temperature should not be allowed to run above 65 or 70 degrees, if possible.

A paroxysm is ushered in by a series of short coughs, succeeded by a prolonged whistling inspiration; the aperture of the glottis is so narrowed during the spasm as to permit an insufficient amount of air to reach the lungs, and what blood is circulating there is not properly oxygenated. To offset this all the muscles of inspiration must work their hardest. The blood stag-

nates, owing to congestion of the pulmonary artery, thus producing dilatation of the right heart. The hands and the face grow livid, with perhaps hemorrhage from the nose, or even the eyes or ears, and involuntary evacuations from the bladder and bowels. In some instances hernia or prolapse of the rectum have occurred.

The paroxysm ends in the coughing, or oftener the vomiting, of a quantity of thick mucus. The attacks vary greatly in number in different cases; and where they are of great frequency, there is a rapid loss of strength, the patient usually falling asleep from exhaustion. If, during an attack, the child should become comatose, lay it upon its back, and apply cool compresses to the head. If necessary to employ artificial respiration while awaiting the arrival of the doctor, let some one grasp the patient's tongue with a handkerchief, drawing it forward until it projects beyond the lips; the nurse should stand at the child's head, take hold of the arms just above the elbows, draw them gently and steadily upward, above the head, keep them stretched upward for two seconds, then press them with some force against the sides of the chest.

Vomiting, the usual sequel of a coughing paroxysm, is apt to be so frequent as to interfere seriously with nutrition. It is therefore recommended to give food immediately after an attack. Such articles as are easy of digestion, and possessing the most food value, are to be selected—notably, milk and eggs. When necessary to peptonize the milk, as in the case of infants, place a tube of peptonizing powder in a quart preserving-jar, along with a half pint of cold water. Shake these together, and add one pint of cold milk, shaking again. Set the jar in a water-

bath, the temperature of which registers 115 degrees. After remaining therein for fifteen minutes, the milk is ready for use. If carelessly prepared, the mixture will assume a bitter taste. To peptonize by the cold process, follow the same direction, only place at once on ice, instead of submitting to the warm bath. Another process involves the same directions as to ingredients and quantities; only these must be placed in a sauce-pan, and allowed to come to the boiling point, 212 degrees.

Dry food, like bread and potatoes, should be avoided, as should also stimulating drinks.

The most frequent complication in pertussis is catarrhal pneumonia, arising from deficient expectoration of the thick, glairy mucus, and its consequent descent by gravity. Infants are the most liable victims; and the danger signals are sudden, laborious breathing in a child apparently improving, dilating nostrils, fever, and dry cough. Such symptoms are liable to be followed by death, either from convulsions, or oedema of the lungs. A hope for recovery may be entertained when the nostrils cease to dilate, and the cough once more becomes characteristic; though even then a chronic pneumonia or a bronchial degeneration may follow.

Fever is an accompaniment of most of the serious complications; rise of temperature should therefore be carefully noted, that the attending physician may have early opportunity for discovering its source.

To facilitate the efforts of a child who cannot expectorate without aid the tenacious accumulations of slime, induce vomiting, by tickling the palate with the finger.

Years ago it was quite popular, in the cities, for parents to make pilgrimages

to the various gas works, accompanied by their suffering little ones, who were allowed to breathe the poisonous gas in what was believed to be a safe quantity. Its effect seemed to lessen the paroxysmal attacks, probably by deadening the nerve-centers; but such a dangerous practise is to be utterly discouraged for the reason that any little benefit that might be derived would be more than offset by grave interference with the general health.

One of the most frequent and dangerous of the complications of pertussis is gastro-duodenal catarrh, arising from swallowing masses of mucus, in addition to persistent vomiting, which rapidly exhaust an already debilitated child. The doctor must be warned of any tendency to diarrhea, that he may take efforts for its speedy correction.

The so-called whooping cough ulcer is the most trivial complication of any. It attacks the frenum, and is produced by its friction against the lower teeth during the violent spasms of coughing. If the little patient can be induced to retract the tongue during an attack, the ulcers will readily heal.

Progress toward recovery of the whooping cough victim is marked by a more fluid consistency of the mucus,

which is coughed out with less difficulty; and by a lessening in frequency and severity of the vomiting attacks. This constitutes the third stage, and in ordinary cases lasts from two to four weeks. The whistling inspiration abates, the face is restored to its natural color, and the stomach shows a better tolerance of food. But, should complications intervene, the third stage may last for many months. During the second stage, especially, brief relapses are not infrequent, and fatal complications are by no means rare.

As to the duration of the disease, it may continue for six weeks, and often lasts for six months. As a general thing the child is considered out of danger at the end of six weeks.

In the later stages, a change of air will sometimes work wonders. After the malady has run its course, should the cough then persist, change of atmosphere is strongly urged. A warm place at the sea-shore is preferable, it is claimed, as the air ought to be mild and at the same time bracing.

Fumigation of the sickroom is not necessary, unless it is to be afterward occupied by an infant, or other susceptible subject. In such instances fumigation is strongly enjoined.



# **Final Examination Questions of the Evansville Sanitarium Training School for Nurses, Evansville, Ind.**

**Sara Bolton, Superintendent**

## **SURGERY.**

How would you prepare for a celiotomy or a laparotomy at a patient's house? What are the chief dangers after a laparotomy, and what are their symptoms?

How would you prepare for adjustment of a fracture of the forearm, and what would you do before the doctor came if he were long delayed? What is a simple fracture? A compound fracture? A comminuted fracture? A multiple fracture?

What means can you give for stopping hemorrhage? When would you compress the brachial artery? The femoral?

What is retention of urine? Suppression of urine? What does a chill and fever following catheterization mean?

What instruments should be prepared for curettage with repair of laceration of cervix and perineum?

What would you do for uterine hemorrhage after operation?

What would you do for epistaxis?

What are the following operations:

Ventral fixation? Alexander operation? Vaginal puncture? Myomectomy? Trachelotomy? Colpocystotomy? Colpoperineoplasty? Colectomy? Hysterectomy? Paracentesis? Cholecystectomy? Nephrectomy? Gastroenterotomy? Tracheotomy?

## **MEDICINE.**

What is the temperature and pulse range in an average case of typhoid fever? What is a high temperature in this fever?

Why do you give liquid diet?

What is a relapse?

What two serious complications may arise, and what symptoms would warn you of their occurrence?

What is pneumonia? Its chief symptoms? Its chief dangers and their symptoms?

## **OBSTETRICS.**

If you are alone with a woman when she gives birth to a child, what would you do?

How would you prepare a patient for labor?

What does fever following delivery indicate?

What is puerperal eclampsia? What would you do for a case of it before the doctor came?

What is post-partem hemorrhage? What would you do for a case?

With what would you feed the baby until the milk appeared? When does the milk appear? Is its advent accompanied by fever?

Give the stages of labor.

How do you tie the umbilical cord?

How do you take care of the child immediately after it is born?

What is Credé's method?

What is the placenta? What is placenta previa?

## **PHYSIOLOGY AND HYGIENE.**

Where are the fats and starches digested, and by the secretions of what organs?

What are the chief constituents of gastric juice?

How is the blood changed in the lungs?

What is the most important substance excreted by the kidneys?

Give the difference between excretion and secretion.

Give systematic circulation; pulmonary circulation.

Give the function of the skin.

How would you ventilate a sickroom which had only one window and one door? What is natural ventilation? What is ventilation by extraction? Name three important rules in regard to ventilation.

How would you take care of the flush-closets, stationary basins, and old dressings?

Give a thirty-line treatise on digestion.

#### ANATOMY.

What bones make the elbow joint?

How many vertebræ are there? Name the divisions.

Give the names of the muscles of the arm.

What organs are in the umbilical region? Name the divisions of the abdomen.

Name the bones of the head; of the face; of the leg.

What are soft tissues? Hard tissues? How are they nourished?

Give the divisions of the alimentary canal. Of the region of the chest. Locate the heart, the liver, the spleen, and the kidneys.

Give gross structure of the heart.

Name five arteries; five nerves.

What kind of nerves are the fifth and seventh cranial nerves?

#### BACTERIOLOGY.

Name five pyogenic germs which cause disease. How are they killed? What are the requirements for their growth?

What is asepsis? What is antisepsis?

What are pyogenic germs?

What is immunity? What germs produce immunity in the system?

#### MATERIA MEDICA AND THERAPEUTICS.

What is the dose of sulphate of atro-

pia? Of sulphate of strychnia? of hyoscin hydrobromate?

What would you do for a patient who had taken an overdose of opium or morphin? What in poisons generally? What is a special antidote for carbolic acid poisoning?

What is static electricity? Galvanic? Faradic?

In strychnin mixture with grs. ii to  $\mathfrak{zvi}$  of water, how much strychnin will be given to  $\mathfrak{zi}$  dose?

Bismuth sub-nitrate 480 grs.; simple syrup  $\mathfrak{zvi}$ . How much bismuth sub-nitrate will be given to  $\mathfrak{zii}$  dose?

How much morphia would you give to a child two years old? Four years old? Seven years old? How much strychnin sulphate to a child three years old? Eight years old? Twelve years old? Give the standard rule by which the dose for children is reduced.

What is an antidote for acid poisoning? For alkaline poisoning? Give three or four names of each.

#### CHEMISTRY.

Give the meaning in reaction of urine, of acid, alkaline, and neutral. Give test for albumin and sugar, and the normal specific gravity of urine.

Does the presence of albumin necessarily indicate disease of the kidney?

How would you obtain a specimen of urine for examination? How is it often contaminated?

Write about one hundred words of general urinalysis.

How do you test for free hydrochloric acid in stomach contents?

How do you make 4% carbolic acid solution? 1% ditto?  $\frac{1}{2}\%$  ditto? How do you make saturated solution of boric acid? Normal salt solution? 10% solution of nitrate of silver? How do you make biclorid solution 1-2,000, 1-5,000, 1-10,000?

# The Importance and Necessity of "Industrial Hospitals"\*

W. B. Lowman, M.D.

Of Johnstown, Pa.

**T**HE term "Industrial Hospital," as I understand it, may be defined as hospitals which are connected with some industry, or manufacturing establishment, more especially those using machinery; where its employees, who are so unfortunate as to be injured, may be treated. It does not imply the treatment of purely medical diseases, except such as may arise and complicate accident cases who are detained at the hospital. Such industrial hospitals are primarily and solely for the treatment of accident cases occurring while the men are at work.

I make a special plea for the erection and maintenance of such hospitals in connection with all industrial or manufacturing establishments of any magnitude. And I give two reasons therefor: First, it is just and humane; and, second, it pays as a business investment.

The humanitarian side I shall discuss first: Wherever there is moving machinery, and men to run it, there must of necessity be accidents. When this machinery requires acres of buildings to house it, and thousands of men to direct it, one can readily see how great must be the number of accidents, even with the greatest vigilance on the part of both employer and employee. Then granting the existence of these accidents, it must be patent, even to the most superficial observer, that the sooner these cases can be attended, the better must be the result, for the patient, surgeon, and employer. Prompt combating of shock, hemorrhage, and sepsis

need but be mentioned as conducive to good results. And the primary dictates of humanity, are to do the best one can for one's unfortunate brethren. Employers have a duty to perform to their employees, and I believe that one reason why this duty has been somewhat neglected in the past, is because the matter has never before been presented to them in its proper light. The humanitarian side of the question alone has always been presented, and while this is as it should be, yet not all employers are so altruistically inclined; and so lest the humanitarian argument be insufficient, I wish to fortify it with arguments to show that it pays as a business proposition. It insures satisfaction to the stricken souls and their friends; it lessens litigation, and manages to maintain a minimum loss of time among the disabled men. When men see that their employers have their physical welfare at heart, from whatever motive, and see that they minimize dangers where they can; and that where precautions fail, that they are doing their best to correct the results—when the employees see this, I repeat, they cannot fail to have a better opinion of their employers. They cannot fail to appreciate the spirit that gives them the best possible treatment when they are unfortunate enough to get injured. And while there are individuals who are ungrateful, the great majority of the employees do appreciate the thoughtfulness and kindness of their employers. This kindly feeling pervades all ranks

\*Read before the Medical Society of the State of Pennsylvania, September 1903.

and promotes a better understanding between capital and labor. The latter sees not a man using his men as so many machines, to be discarded when worn out or broken, but as men with souls, who need a brother's help. And so, I say, industrial hospitals pay from a humanitarian standpoint. Where employees see that they are treated promptly and well, there can be little resentment on their part on account of the injuries received, and hence the desire to "get even" by litigation, which is expensive to both sides of the controversy and excites only mutual hatred, is lacking. And very often prompt attention to an injured workman will prevent results that would serve as a good foundation for a lawsuit. And so again I say, it pays. Thirdly, and lastly, it reduces the time the injured men are kept from work. This means a saving to the employer because he has less skilled labor away from work, and because he is not forced to work shorthanded. All this is brought about by the erection and maintenance of industrial hospitals. The practical reasons I have for my belief, as stated above, have been obtained by personal experience, having been identified with an industrial hospital for sixteen years, which has accomplished just what I have stated.

With your indulgence, let me give you a short history of the Cambria Hospital, which I have classed as an industrial hospital.

From the period that the Cambria Iron Company was established, 1852 to 1887, the men in their employ, who were so unfortunate as to be injured, were from necessity compelled to have their injuries treated at their homes. Under these conditions the surgeon had many embarrassments and complications to contend with in the care, treatment, and

operation which he was required to perform. No conveniences or suitable place to perform the simplest operation, no trained nurse to carry out your instructions; in fact, all sorts of complications handicapped the surgeon. Nothing aseptic, but everything in the surrounding atmosphere septic, not even a clean bandage or dressing to apply to a wound or a recent operation. No prepared ligatures, no absorbent cotton, lint, or gauze—in fact, at this period no such dressings could be bought, but all had to be prepared by the surgeon himself, as the emergency required; no questions were asked as to the sterility of any dressing. These are but a few of the inconveniences and embarrassments that the surgeon was compelled to contend with previous to the establishing of an emergency hospital, and the introduction of antiseptics and the aseptic method. These were the times, when there was an emergency, that the young physician or surgeon was compelled to apply his ingenuity to the circumstances which surrounded him.

In 1887, after many entreaties with the officials and management of the Cambria Iron Company, I succeeded in getting them interested in this humanitarian work of caring for their unfortunate injured employees. At this period there were comparatively less men employed than at the present time, but the amount of machinery and number employed was proportionately as great, and where there is so much machinery in motion, and so many men employed, there must necessarily be numerous accidents.

In November, 1887, the Cambria Hospital, with a bed capacity of twelve, and a dispensary service for the ambulant case, was opened. The location of the hospital is within sight of the Cam-



bria works, and easy of access—reached by ambulance in less than ten minutes, so that little time is consumed in conveying the injured to the hospital from the mines or works. In order that you may appreciate the popularity of this institution with the employees of this company, you can readily understand by reference to our record: The first fiscal year of the hospital there were admitted for treatment as in-patients, thirty-two (32); and ambulant cases treated at dispensary, three hundred and sixty-three (363), or a total of three hundred and ninety-five (395) the first fiscal year. The last fiscal year of 1902, there were admitted as in-patients, six hundred and four (604), and treated at dispensary, three thousand one hundred and four (3,104), or a total of thirty-seven hundred and eight (3,708) treated. Number of dressings applied last fiscal year, twenty-eight thousand and three (28,003). From these figures you might conclude that there was an unusual number injured at the Cambria Steel Company's works, but I have been informed, by surgeons employed in similar work, that we have less injured in proportion to the number of men employed.

The supervision of this hospital, the care and treatment of the injured, is under the direct control of one surgeon and an assistant, who are salaried by the Cambria Steel Company. A superintendent, six nurses, and two orderlies attend to the detail work of the hospital. The average cost per patient per day has been, on an average, eighty-five (85) cents. At this small cost it certainly would be no burden on any of the large

industrial establishments of the country to establish and maintain similar hospitals. I believe the Cambria Iron Company was the first corporation in Pennsylvania, if not in the United States, to establish and maintain what I have termed "industrial hospitals." From year to year the necessity for such a hospital has been manifestly proven, and it is a good investment, not only from the humanitarian standpoint, but from a financial standpoint, and they both pay. Each year the hospital is more popular and more appreciated by the employees of this company. From a small beginning of twelve beds, when there were between three and four thousand men employed, this institution has increased to a bed capacity of forty, there being, at the present time, over thirteen thousand men employed. How many similar industrial establishments maintain a hospital of this capacity, and have the welfare of their employees at heart? It has been said that the modern hospital is a tower of strength. It constitutes a bond of union which knits all classes together and humanizes the whole nation.

The point which I wish to emphasize is the importance and necessity of what I have termed "industrial hospitals." An effort should be made by the employees of all large industrial works to interest the management to establish and maintain similar institutions to the Cambria Hospital. The good will of the employees, the amount of suffering alleviated, the good results of up-to-date treatment, all pay, as I have said, from a humanitarian standpoint, as well as a financial standpoint.

# Department of Army Nursing

**Dita H. Kinney**

Superintendent Army Nurse Corps

Unfortunate as it appears, our first chronicle in the new year must voice a regret. With the last day of 1903, the five years of army work of Miss Anna E. McEvoy terminated. The superintendent of the Army Nurse Corps lacks words to find adequate expression for all the good things that Miss McEvoy has brought to us. Chief of all is, of course, herself, and while we wish her godspeed and all success and happiness in the new paths in which she will walk, no degree of such generous feeling can wipe out our realization of our own loss. Another of almost equally long service goes with her—Miss Bertha M. Gertsch—to whose faithful work and cheerful spirit no tribute can be too high. Perhaps our loss may be their gain. They have both entered into contract with the Civil Government of the Philippines. It has not yet been reported where Miss Gertsch will serve, but Miss McEvoy writes: "I expect to go to the Contagious Hospital, San Lazaro, as soon as I can be relieved from duty here. I am really needed very much now, but they will wait until I can go away from my army duty honorably. They are building a new hospital and have completed four buildings, one each for smallpox, cholera, and plague. The other building will be used for the nurses until their permanent home can be built. The hospital is pleasantly located, and the building and covered walks connecting the wards remind one of the Presidio,

though, of course, on a much larger scale. The wards themselves are smaller, nor are there so many of them, but plans are already made for several more buildings. Just now four nurses are sufficient to carry on the work. Miss Danford, whom you will remember as an old army nurse, and Miss Mickle are both there, having been transferred from the 'Civil Hospital.' By the end of the year Miss Danford hopes to have twelve nurses (the text of Miss McEvoy's letter would indicate that Miss Danford is in charge, and certainly a better superintendent would be hard to find). My practical experience in the particular kind of work to which this hospital is devoted is very limited, and I therefore expect to enjoy my new experience exceedingly. The salary for the nurses is \$75 a month, subsistence furnished, of course, and a first-class passage home on a liner at the expiration of term of contract. Those who make contracts here in the Philippines make them for only one year—those making contracts away from here for two. At the expiration of contract the nurse is sent home, and if she so desires will be reinstated within two years. We expect to have Miss Rose Tweed (another nurse with a notably fine army record) join us before very long, and there seems no reason that we should not be a very happy little family.

"The opportunities for capable nurses in the Philippines will certainly be great

within the next year or two. There has been an appropriation of \$500,000 made for a new general hospital (civil), and about \$100,000 for twelve fifty-bed hospitals in the provinces of Aparri, Vigan, Dagupan, Lucena. In all the towns where there have been army hospitals one of these hospitals will be built."

The transport *Sherman* left Manila on November 14 and arrived at San Francisco December 15, bringing two nurses, namely, Dora and Ida L. Thompson. Both have been temporarily assigned to duty at the General Hospital, Presidio.

The *Thomas* left San Francisco January 1, taking Anna B. Chamberlin, one of the oldest nurses in the army service; Helen Grant Hunt, and Nelle Moore.

Nurses Josephine F. Keliher, Barbara Ziegler, Clara A. Verdin, Agnes McInnes, Helen Grace O'Brien, and Louise Rohlf are under orders to sail February 1.

To fill vacancies caused by the discharge of Misses Anna E. McEvoy and Bertha M. Gertsch, two old army nurses have been reappointed, namely, Misses Anne Morse Bartholomew and Ellen L. White.

Christmas seems to have been a time of real happiness and merry-making among the nurses in the two hospitals in the United States. The chief nurse from Fort Bayard writes: "We have all had a most enjoyable Christmas, and old Santa was very good to the nurses. We were all busy for some time before in assisting in the making of tarletan stockings, to be filled with candy for the patients' Christmas tree. These were all overhanded in bright colored yarns. We made ninety-six one afternoon. The wife of the commanding officer and the wives of two of the medical officers on

duty here, one of whom was a short time ago Miss Minnie Ruble, an army nurse, assisted us. We served tea and the nurses going on and off duty dropped in as they could and took their turn at the work. We really had a delightful afternoon. On another occasion they popped corn and strung it and made some candy to fill the stockings. There was a large tree in the patients' recreation hall, and every one belonging to the Sunday School 'Sunshine Society' and every patient in the hospital received a stocking and some little gift. We also had a tree at our own quarters and the gift thereon for each nurse was some take-off on some individual peculiarity, and made a great deal of fun. Our sitting-room was decorated with mistletoe and holly wreaths. I was fortunate enough to get the holly just in time from San Francisco. The mistletoe grows in the greatest abundance here.

"Our new quarters are being painted and several of the rooms are already finished. The color of the walls is a pale green, and the woodwork several shades darker. It will only be a short time now before the electric lights are in.

"We have some who are pessimistic, and look at things through dark glasses, but the rest do not find it infectious. Indeed, I do not remember any time when I have seen the patients and all connected with an army post so happy as all seem to be who are here. The patients and the rest of us had an exceptionally good dinner, and the dining-room for convalescents was hung with cedar and juniper berries. The tables were well decorated with numerous dishes of Chinese lilies in full bloom."

Miss Gottschalk writes from the Presidio: "Such a merry, such a happy Christmas as we all had! And such a lot

of gifts! I just wish you could drop in and see how many there are and how substantially people remembered me and all the rest of the nurses. We had a fine dinner with everything that belongs to a Christmas table and the dining-room and sitting-room all decorated with greens and berries. The wards were decorated and each head nurse celebrated as she, herself, was individually inclined. Even a few doctors contributed toward the tree. The nurses' tree was full of toys and each nurse's weakness was made the subject of pleasant emphasis.

"We have two cats here, one black and one gray, of both of which I am extremely fond. The gray one strayed away, and was gone all night, several weeks ago, and I was exceedingly distressed about it. What did the nurses do but buy a handsome gray toy cat and embroidered a card bearing the words: "This cat is warranted not to stray." Oh, we just shouted with laughter as each one was called up by the real Santa Claus. This was Miss ——, dressed in a scarlet coat and mask. She looked and acted as if she might have been the good Kris Kringle himself. We also had some home-made popped corn balls and

a cornucopia of candy for each one. Really it was great fun, and we were perfectly happy. Four of the nurses were invited to a dinner by one of the post officers, while Miss —— and myself were summoned to the house of our acting commanding officer for his Christmas tree celebration. I so thoroughly enjoy the holidays because one can do so much to make others happy by just a little thought and work. I am not sure that one cannot do the same all through the year, for that matter, and the blessing of doing for others certainly returns one hundred fold. At least so I have always found it."

The Superintendent and the members of the Army Nurse Corps extend to all the members of the corps and all of those who have erstwhile been members of our official family the most heartfelt good wishes for the New Year which is just opening before us. May it be to all a year of real satisfaction—material and otherwise—a year in which each may, in her own way as her individual opportunities may offer, add to the sum of the happiness of those with whom she comes in contact, and which is surely the only true way of finding real happiness for herself.



# The Diet Kitchen

Mary Caldwell

## SOME DAINTY RICE PUDDINGS.

Dainty puddings seem to be almost numberless in variety, and they may be classed under the following heads: Milk puddings, custard puddings, batter puddings, suet puddings, cake puddings, and soufflé mixtures. In making the milk puddings, although they are the simplest, they need the greatest care to make them fit under the head of dainty puddings. The proper proportion of farinaceous food stuff to one pint of milk is two ounces with enough sugar to sweeten it and something to flavor it. When well mixed it should be poured into a double boiler and cooked until the whole is soft and thick, the time of cooking ranges from half an hour to an hour and a half, depending upon whether rice, sago, tapioca, or hominy is used. All of these cereals should be washed before using. If cooked as above and then at the last allowed to boil rapidly for a few minutes and then poured into molds that have been wet with cold water, they will turn out like jelly.

The custard puddings may be made by adding beaten egg to the milk puddings or by making a custard of milk, eggs, sugar, and flavoring, and pouring it over cooked rice, hominy, macaroni, cake, bread, or biscuit, and then baking or steaming them.

The batter puddings are made of a mixture of eggs, milk, and flour, to which is added sugar and various fruits. They must be well beaten and can be either baked or steamed. The cake-like pudding mixtures have baking powder, sugar, and butter added to the milk,

eggs, and flour, and the ingredients should be put together as for cake. They may be either baked or steamed. The soufflé mixtures have for a foundation a cooked sauce, or batter, to which is added a large proportion of beaten egg, and some distinctive flavoring. Soufflés are either steamed or baked. As they rise enormously the dish in which they are cooked should be only half filled with the mixture.

## STEAMED RICE PUDDING.

Put into a double boiler one pint of milk, one saltspoon of salt, three tablespoonfuls of milk, and two ounces of well washed rice; let it steam one hour and a half, stirring occasionally; when done, add one teaspoonful of orange flavoring extract, pour into molds, and set away to get cold; turn out on a dish and garnish with whipped cream and orange marmalade.

## BAKED RICE PUDDING.

Garnish the bottom and sides of a quart pudding dish with candied cherries and raisins, then half fill the dish with boiled rice, pour over the rice a mixture of three well beaten eggs, one pint of milk, three tablespoonfuls of sugar, and one tablespoonful of vanilla flavoring; bake until it is firm in the center, turn out on a dish and serve with cream.

## STEAMED OR BAKED RICE PUDDING.

Wash two tablespoonfuls of rice and put it with a pint of milk into a double boiler; when the rice is quite soft, put it into a clean saucepan, lay a piece of buttered paper on top, and cook gently, constantly stirring and shaking the pan

until the milk is absorbed and the whole a thick porridge. Remove from the fire, add one tablespoonful of butter, three tablespoonfuls of sugar, and a quarter of a pound of crushed macaroons, and flavor with one teaspoonful of vanilla; then add the yolk of three well beaten eggs, and lastly the whites beaten to a stiff froth.

Pour into molds that have been well greased, and sprinkled thickly with fine bread or cake crumbs. Either bake till firm, about half an hour, in a moderate oven, or steam one hour. Turn out and serve with cream.

#### APPLE AND RICE PUDDING.

Put into a baking dish six tart apples, pour around them a cupful of hot boiled rice to which has been added the yolks of three eggs well beaten, one teaspoonful of butter, half a cup of raisins, and one teaspoonful of vanilla flavoring. Bake until the apples are tender. When cold, fill the place where the core of the apple has been taken out with currant jelly, and put a spoonful of meringue, made from the whites of the eggs and three spoonfuls of sugar, on top of each apple, brown lightly in the oven; serve cold.

## Liquid Diet

Hilda A. Hodgson

Liquid diet may consist of any fluid, hot or cold, but the disease and condition of the patient must be considered. If the temperature of the patient is high, cool drinks are the most acceptable and tend to lower the temperature by contracting the blood vessels of the alimentary canal and sending the blood to other parts of the body. On the other hand, if the temperature of the body is normal or subnormal, hot or warm beverages should be partaken of, as the heat causes fulness of the blood vessels and therefore tends to raise the temperature.

Of course, your physician is always consulted first; but he is a busy man, and has so many things to think of that it is well for you to have a list ready and find out from him which articles meet his approval.

Many times when the physician orders liquid diet for your patient you may be

at a loss to know what to give to make a variety, and so have your patient feel he is not always getting the same thing to eat.

You may find this list useful:

Milk, plain, peptonized, or pasteurized. Egg-nogg, for which may be used whisky, brandy, sherry, or port wine. Milk shake. Orange shake. Pineapple shake. Pineapple juice is valuable for its digestive properties. Lemon shake. Lemonade. Grape juice. Kumyss. Matzoon, otherwise known as zoolak. Horlick's malted milk. Allenburys food. Pano-pepton. Beef preparations and broths of all kinds, which are more stimulating than nourishing.

Plenty of water should always be given.

Acids must be omitted in diphtheria and other throat affections, for they are always irritating to the mucous membrane.

# Editorially Speaking

## The Hospital Deficit

It will be a great surprise to those accustomed to look upon the great hospitals of New York as flourishing institutions with unlimited wealth at command to learn that about twenty of the most prominent of these are in a most serious financial condition. In an article in a recent number of *Charities*, Mr. Frank Tucker shows that there was an aggregate deficit of \$450,000 among the hospitals of Manhattan in 1902. To overcome this ever-increasing difficulty, he suggests the raising, by popular subscription, of a permanent fund of \$10,000,000, the income of which should be distributed among the hospitals according to the judgment of a board of trustees. As to the feasibility of this way of meeting the emergency, there is a great difference of opinion, the public press and many prominent individuals, giving reasons for, or against, this method. By many it is considered quite impracticable on account of the great difficulty there would be in arranging any satisfactory basis upon which to distribute the income.

As this deficit is caused in great part by the amount of charity work these hospitals are obliged to do, and as it is evident to limit this work would be a great injustice to many suffering poor, the practical suggestion would seem to us to be to devise some means by which the poor can be given more help and attention in their homes, and thus relieve the burden of the hospitals. This brings us to the statements made in our last issue regarding advantages to the community at large to be derived from a properly established system of visiting nurses. Teach the poor how to keep

out of the hospital. Educate them to right methods of living. Send nurses to the homes to discover unsanitary conditions, and to report illness in its early stages before removal to the hospital is necessary. This, we are quite aware, will not remedy any immediate financial emergency, but will, we believe, be the eventual solution of the problem.

## Obstetrical Nursing

At a recent meeting of the Obstetrical Society, of Boston, Dr. A. Worcester read an interesting paper on the above subject, which involved many important points as to the training and function of the obstetrical nurse. Dr. Worcester referred to the fact that in the New England towns and villages most of the obstetrical nursing was done by the *untrained* nurse. The reasons given for this preference was not only that few people of moderate means could afford the luxury of the trained nurse, but was due to the faulty system of hospital training in this branch of nursing. We quote Dr. Worcester's criticism as follows:

"These all-important lessons can be neither taught nor learned in hospital wards, where the mother with her newborn baby is merely one in a long row, unnamed and unknown except perhaps for some interesting physical abnormality. How can it ever be expected that a nurse whose only training has been in the wards should know anything about home nursing? She has never had anxious husbands and terrified little children and cranky servants to deal with. Very likely she has never seen the mother's joyous welcome to her child. So she does her utmost to change the home

into a hospital. She delights in a large display of paraphernalia; she establishes rigorous rules for visitors and graciously allows the father and little brothers and sisters one at a time to see the baby for a few minutes after the fifth day. In short, the modern hospital-trained obstetrical nurse too often does everything she possibly can to magnify and distort the normal process of child-bearing into an unnatural, extraordinary experience. But she is not to blame for so doing, as she is merely following most conscientiously the wrong teaching she has received. Of course, it often is possible for her to learn better ways, but the nurse whose only obstetrical training has been in hospital wards will always be at a disadvantage in comparison with the obstetrical nurse who has been trained in home nursing."

Aside from the reasons given by Dr. Worcester, or the justice or injustice of his criticism, we believe there is one factor more potent than all others which influences the expectant mother to choose the untrained nurse (who in the majority of cases is a married woman), and that is the feeling that the woman who has herself borne children will combine sympathy and assistance in a way that no unmarried woman, no matter how skilfully trained, can supply. It was to this that the midwife owed her prestige, and it is on account of this deep-rooted feeling that many physicians to-day are obliged to confide their parturient patients to the care of the experienced nurse.

Another point presented in Dr. Worcester's paper was as to the necessary knowledge required to fit the nurse for the duties of obstetrical nursing. In the discussion that followed there was much difference of opinion; few of the physicians present believing with Dr. Worces-

ter that the nurse should be the judge whether the services of the physician were necessary, or whether the position of the child was normal. It was thought that to be able to decide these questions at the bedside requires a far greater experience and knowledge than now given to any pupil nurse even under the visiting nurse plan.

The suggestion of special training similar to the midwife of Europe opens up many questions too far-reaching to be considered without the fullest presentation of all its aspects, obviously beyond the scope of these remarks.

#### **The Dental Nurse**

At the fifty-fourth annual session of the American Medical Association, M. L. Rheim, M.D., D.D.S., chairman on the section on stomatology, read a paper with the above title. One of the phases of the subject considered was whether a nurse employed as an assistant in dentistry would be infringing the dental registration laws. To obviate this, special registration for trained dental nurses was offered. We see no reason why nurses should not be employed in dental work, as well as in other branches of medicine and surgery. There are undoubtedly many duties for which the nurse should be especially valuable. Among the most essential of these is the enforcement of antisepsis in the care and preparation of instruments, dressings, and the operators' hands. Not only is it necessary in dental work that the mouth should be kept as sterile as possible, but also in the preparation of the patient about to undergo some surgical operation. In view of the wide field of labor offered the trained nurse as assistant in dentistry we believe it to be the duty of training schools to furnish the necessary in-



struction for fitting her for this work. As to the question whether a special registration in dentistry might be necessary, we confess that the plan advocated by the writer does not seem quite logical to us. He says: "Their license to practise dental nursing should mean that they are permitted to cleanse, polish, and medicate the dental territory only under the prescription of the patient's attending stomatologist.

We believe all the registration acts passed in this country carry with them the right of the successful applicant to practise his profession in any or all of its branches. We know of no State where the duties are limited by statute, neither do we believe any such limitation practical. A multiplicity of laws

is more often a hindrance than a safeguard, and frequently defeat the very purpose for which they were intended.

**Our  
February  
Issue**

We believe we are fully justified in calling attention to our February issue. It furnishes in itself quite a liberal education. Besides the many practical points, the articles by Dr. Remondino and Dr. Campbell contain a valuable code of ethics from which every nurse should draw inspiration. The articles on the nursing of special diseases cannot fail to be of great practical benefit. The Army Notes are alive with interest. In fact, no nurse can afford to miss this number of our magazine.



JEWISH HOSPITAL, ST. LOUIS, MO.  
SITUATED NEAR THE WORLD'S FAIR GROUNDS

# In the Nursing World

## **New Jersey State Nurses' Association**

The second annual meeting of the New Jersey State Nurses' Association was called to order at 2 P. M., December 1, at Mercer Hospital, Trenton, N. J., Mrs. Janette F. Peterson, acting president, in the chair.

The opening prayer was made by the Rev. W. Strothers Jones, chairman of Training School Committee of Mercer Hospital, followed by an address of welcome by Dr. William Elmer, medical director of the hospital, responded to by the acting president, after which Frances B. Lee, Esq., gave a most interesting and instructive address on legislation.

Minutes of last annual meeting, also of special and executive meetings held during the year, were read, followed by reports of the treasurer and standing committees.

The secretary reported over seven hundred nurses having registered in the State since our bill had passed the Legislature.

In addition to this, during the first session, Article VI. of the By-Laws was amended. The advisability of asking the State Legislature to amend our bill was discussed, and the Ways and Means Committee instructed to proceed with the work of legislation.

Then followed an animated discussion as to ways and means of sending a delegate from New Jersey to Berlin to attend the International Congress of Nurses.

A vote to send one having been carried, it was finally decided that the delegate should be appointed by ballot. Balloting to be done by mail.

A committee was appointed to arrange a form of ballot, and send to every member of the association with instructions. Miss Mary Mason, superintendent of training school at Newark City Hospital, was appointed chairman of this committee; Miss Mary Ahner, of Newark German Hospital, and Miss Lillie Leigh, of the Home for Crippled Children, Newark, her associates.

The meeting then adjourned for fifteen minutes, during which time members cast their ballots for new officers. Second session called to order at 4.25 P. M., and very interesting reports were heard from Mrs.

Stephen, of Orange, Miss Squire, of Newark, Miss Rockhill, of Camden, delegates to the State Federation of Women's Clubs conventions.

Miss Meyers, of Camden, Miss Ahner, of Newark, and Miss Coomber, of Orange, were appointed as Nominating Committee for 1904.

Invitations for the third annual meeting came from St. Barnabas and Newark City Hospital, and from Orange Memorial Alumnae associations.

It was decided to hold the next annual meeting in Newark. Resolutions of thanks were sent to the Rev. W. Strothers Jones for his opening prayer; to Dr. Elmer for his cordial welcome to Frances B. Lee, Esq., for his interesting and instructive address; to the Committee on Arrangements; to the directors of Mercer Hospital for the privilege of holding our meeting in their hospital, and to the nurses of Trenton for their kind invitation and hospitality; also to Miss Irene T. Fallon, our former president, for her untiring interest and labor in organizing our association, and our universal regret at her resignation.

Regrets were also expressed for Miss Fahringer's resignation as secretary, and thanks given to Mrs. Peterson and Miss Neafsey for having taken up the work.

Officers for the year were elected as follows:

President, Miss Bertha J. Gardner, Newark, N. J.; first vice-president, Mrs. Janette F. Peterson, Bayonne, N. J.; second vice-president, Miss Mary Mason, Newark, N. J.; secretary, Miss Laura McHale, Newark, N. J.; treasurer, Miss Catherine Neafsey, Newark, N. J.

Chairman of Ways and Means Committee, Miss Martha E. Galatian, Newark, N. J.

Chairman of Membership Committee, Mrs. Daniel Cook, of Trenton, N. J.

Chairman of Printing Committee, Mrs. De Arcy Stephen, Orange, N. J.

The chairman of these committees, together with the officers, compose the Executive Board.

A full report of this meeting will be printed and distributed to members.

### North Carolina State Nurses' Association

The Board of Examiners of Trained Nurses of North Carolina, organized December 16, 1903.

In accordance with an act of the Legislature of 1903, as provided in the Nurses' Registration Act, there has been established the Board of Examiners of Trained Nurses of North Carolina.

This board consists of five members: Two physicians and three trained nurses, appointed by the State Medical Society and and the North Carolina State Nurses' Association, respectively, to serve for three years.

The members are as follows: Dr. J. W. Long, Greensboro, N. C.; Dr. R. S. Primrose, Newbern; Mrs. M. H. Laurance, Rex Hospital, Raleigh, N. C.; Miss Constance Pfohl-Winston, Salem; Miss M. L. Wyche, Watts Hospital, Durham, N. C.

This board met in Greensboro, December 16, for organization. All the members were present except Dr. Primrose, who was unavoidably detained. Dr. Long was elected chairman, and Miss Wyche, secretary pro tem.

Many important features of the work were discussed. A constitution and by-laws will be adopted at a later meeting.

In the final election of officers Mrs. M. H. Laurance was chosen president and Miss Wyche secretary and treasurer. The first meeting of this board for the examination of nurses will be held in Raleigh, Tuesday and Wednesday of the week of the meeting of the State Medical Society, and just preceding the meeting of the State Nurses' Association.

Due notice of this meeting will be given through the papers.

Registration is not compulsory, but no nurse can register after December 31, 1903, without a certificate from the board of examiners.

MRS. M. H. LAURANCE,  
President.

MISS M. L. WYCHE,  
Secretary and Treasurer.  
Rec-Sec. pro tem.

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### Maryland State N. A.

On December 14, 1903, a meeting was held in the new assembly room of the Arundell Club, Baltimore, Md., and nearly four hundred nurses were present. Miss M. Adelaide Nutting, of

the Johns Hopkins Hospital Training School for Nurses, presided at the meeting and introduced the speakers, who were Mrs. William M. Ellicott, president of the Arundell Club; Judge Henry D. Harlan, of the Supreme Bench, and Dr. William H. Welsh, of the Johns Hopkins University.

Mrs. Ellicott welcomed the nurses and assured them not only of her own interest in an organization to procure State registration, but also of the interest of the Arundell Club. Judge Harlan treated the subject from a legal standpoint, speaking particularly of the advantage to the profession in having a uniform standard of nursing established, which could be obtained only by a State board. He also encouraged the nurses by telling them that it was not only their privilege, but their right, that they should have State protection, as it is only just that the genuine nurse should be known from the counterfeit. Dr. Welsh spoke from the physician's point of view, urging the nurses to immediate action, as without doubt State registration would be of as great an advantage to the nurses as it has been to the medical profession.

After a short intermission the meeting was called to order with Miss Nutting in the chair. It was voted that a State association be formed. The constitution, which had previously been prepared, was then presented, unanimously adopted, and the following officers were elected:

President, Miss M. A. Nutting, superintendent of the Johns Hopkins Hospital Training School for Nurses.

First vice-president, Mrs. K. A. Taylor, superintendent of the University of Maryland Hospital Training School for Nurses.

Second vice-president, Miss N. J. Lackland, president of the University of Maryland Alumnae Association of Nurses.

Secretary, Miss S. F. Martin, Robert Garrett Hospital.

Treasurer, Miss G. C. Ross, Johns Hopkins Hospital.

These officers with the following members form the board of directors of the association:

Miss Shrive, superintendent of the Union Protestant Infirmary Training School for Nurses.

Miss Parker, president of the City Hospital Alumnae Association of Nurses.

Miss Weitzel, University of Maryland Alumnae Association of Nurses.

Miss Woodward, president of the Maryland General Hospital Alumnae Association of Nurses.

The meeting then adjourned until Tuesday at 10.30 A. M.

At the meeting on Tuesday the by-laws were presented and adopted. The bill which had been previously prepared by the committee was then presented, and with a few changes was adopted.

The nurses manifested great interest at both meetings, and all proceedings were conducted in a most business-like manner. They expressed their appreciation of having for their leader one who stands so high in the nursing profession. Already nearly two hundred members have been enrolled.

#### Buffalo Nurses' Association

At the Buffalo Nurses' Association meeting, January 5, Miss Sylveen V. Nye presented her report as delegate of the association to the Utica convention of the New York State Federation. In speaking of this report the *Buffalo News* says:

"Miss Nye's report was a model, both as to form and contents. She had made careful and discriminating extracts from speeches, with comment, brief opinions of her own and others, which seemed an elaborate and clear account of the discussions and votes attendant upon the trade school and the revision of the constitution. Synopsis of reports of standing committees, which she grouped in a second part, the first being devoted to the eulogy and description of the Century Club, of Utica, the social affairs attendant upon the convention, and the general hospitality and large-heartedness of the Utica women. In the third and last part, a resume of all was given, a retrospection, and a brief summing up of the benefits to be derived by membership in the federation was all given in delightfully full and edifying manner, and Miss Nye had so arranged her report, inserting programs and clippings and photographs as to make it a valuable possession for the Nurses' Association."

Mrs. Henry C. Fiske, the new director of the federation, was a guest of the association, and joined by request in the general discussion of the report, saying it was the

finest federation report she had listened to, and the association joined in a vote of thanks to Miss Nye for her conscientious and helpful work in preparing it.

Mrs. Henry Wertimer, chairman of the editing committee of the New York State Federation of Women's Clubs, has chosen Miss Sylveen V. Nye, of Buffalo, as one of her associates.

**Buffalo Homeopathic N. T. S.**

A meeting of the graduates of the Buffalo Homeopathic Hospital Training School for Nurses took place at 77 West Eagle Street, January 11, when plans were made for forming an alumnae association. A mass meeting of the graduates was called last November, when Miss Drake, Mrs. Martin, and Mrs. Paddock were appointed a committee to draft a constitution, which was presented by the committee and discussed, action being deferred.

A meeting will be held at 77 West Eagle Street each Monday afternoon at three o'clock until further notice is given, the purpose being to form a permanent organization. Miss Martin was elected chairman pro tem.

#### Erie County Hospital A. A.

The annual meeting of the Erie County Hospital Alumnae Association took place at the hospital, January 6. Mrs. Gustin Welch presided. Reports of the officers and letters from out of town members were read, after which election of officers took place, resulting as follows: President, Mrs. Gustin Welch; first vice-president, Miss Emma Keating; second vice-president, Miss Marie Flickinger; third vice-president, Miss Kate Dodge; secretary and historian, Miss Rachel Adair; treasurer, Miss Flora Culver. Committee: Mrs. L. F. Pfeffer, Mrs. S. Filsinger, and Miss Hughanna McKinnon.

**Phila. Co. N. A.** The Philadelphia County Nurses' Association held no meeting on Wednesday, January 13.

NELLIE M. CASEY, Sec. pro tem.

**John Sealy Hospital** Our Christmas at the John Sealy Hospital, Galveston, was celebrated in true Christmas style. Christmas Eve the main hall was decorated with greens and holly and a Christmas tree

placed in each ward, and nurses and patients assisted in decorating. We had the usual Christmas tree decorations, bright balls, tinsel, and popcorn, and for each patient two handkerchiefs and a cake of soap, a bag of candy, and some fruit.

The morning of Xmas day, about six o'clock, the nurses met in the basement and walked through the halls singing Xmas carols, "Hark, the Herald Angels Sing," "Joy to the World the Lord Is Come," and other pretty Xmas music. The patients seemed to enjoy this very much, especially in the colored hospital it seemed to be appreciated.

At noon a turkey dinner was served, with ice cream for dessert and nuts and raisins were passed around to the patients who could have such things. It is hard to say who really enjoyed the Christmas festivities most, patients or nurses. The following lines were sent to the nurses by a patient in the charity ward:

Though Christmas tree and holly branch  
Are far beyond my reach,  
I wish to send my Christmas gift  
To the nurses, one and each,  
Who, when I lay upon my bed,  
A pauper patient in a pauper ward,  
Did what they could to ease my pain  
And looked for pay unto the Lord.

To them I wish to send my thanks,  
A small and foolish gift 'tis true;  
But from my heart it issues forth,  
It's all that I can do.  
I have no mines in which to toil  
For yellow gold to delve;  
So all the Christmas gifts I have  
Are Christmas thanks from Number  
Twelve.

The nurses of the John Sealy Hospital, Galveston, entertained their friends Thursday evening, January 7, from eight to twelve. The entertainment was in the nature of a house-warming, the nurses having recently moved to the nurses' home which for the past few months had been undergoing repairs. The guests were received by the superintendent, Miss Fay, and her assistant, Miss Taylor. Cake, ice cream, and coffee were served, and every one seemed to enjoy a first-rate time.

**Hahnemann  
Hospital  
N. A. A.**

The annual meeting of the Hahnemann Hospital Nurses' Alumnae Association, Rochester, N. Y., was held December 16. The following officers were elected: President, Miss Elizabeth L. Leeke; first vice-president, Miss Agnes I. Duffy; second vice-president, Miss Lillian Bickle; secretary, Miss Margaret Reynolds; treasurer, Miss Ida Wainwright. The annual reports of the various committees showed the society to be in a flourishing condition.

It has been decided that a "lecture or talk" on some subject of general interest to nurses should follow the business meeting. A delightful luncheon was served, after which the association adjourned to meet January 20.

**Brooklyn Hos-  
pital N. A. A.**

The regular monthly meeting of the Brooklyn Hospital Alumnae Association was held Tuesday, January 5. In spite of the weather, the meeting was well attended. Owing to delay on the part of the lawyer, nothing was done toward revising the constitution, as was expected.

After the meeting adjourned, coffee and cake were served, and the usual social half hour was spent.

**Woman's Hospital  
A. A.**

The Woman's Hospital Alumnae Association held their regular monthly meeting on January 13, at 1227 Arch Street, Philadelphia. Owing to the inclement weather, there was a small attendance. Officers were nominated for 1904. After business was concluded, several letters were read by the treasurer from Alumnae members who are interested in State registration, also a letter from Miss Byers, one of our nurses, who has charge of the Civil Hospital in Santiago, in reference to nursing in Cuba.

JANE LOVE,  
Rec. Sec. pro tem.

**Danvers, Mass.,  
Hospital for  
Insane**

The first day of the year 1904 will long be pleasantly remembered by some of the residents of Hathorne Hill.

Mrs. Dunbar, of Boston, chose that day on which to visit the hospital, and to present to the Nurses' Home a fine photograph, handsomely framed, of Mrs. Dudley-Jewett, the former supervisor of the woman's wing

of the hospital, and the principal of the Training School for Nurses established by Dr. Page in 1889. About a dozen nurses who could be spared from duty, the present supervisor, Miss Bailey, and her two assistants, and several patients, who remember Mrs. Dudley-Jewett with affection, were present.

The photograph was given the place of honor above the mantel; then Dr. Page introduced Mrs. Dunbar, who, in a few well-chosen words, presented the picture to the home. Following her short address, Dr. Page spoke of Mrs. Dudley's many years of service, of her tact, faithfulness to duty, and her high aims, and counselled the nurses to emulate her example.

Mr. Watts, of Boston, who accompanied Mrs. Dunbar, spoke also of his admiration of Mrs. Dudley and her methods, and of the pleasure associated in his mind with his visits to the hospital.

All present agreed in thanking the friends who had so generously remembered the home and honored Mrs. Dudley.

By the lovely light of a full moon they returned to their duties with renewed determination, fitting the season, to act well their part.

It may be well to add that Mrs. Dudley is now Mrs. Jewett, the wife of United States Consul M. A. Jewett, of Sivas, Asia Minor.

**U. of P. A. A.** The Alumnae Association of the University of Pennsylvania Hospital held its regular monthly meeting on Monday, January 4, 1904, at 3 P. M., in the Nurses' Home, the president, Miss Ruden, in the chair. Eleven members were present, and the usual routine business was transacted.

"A Registering Board," for use of Alumnae members, to be kept at University Hospital, has met with the approval of Miss Smith, the hospital staff, the training school committee, and the executive committee, and will be placed as quickly as possible.

Miss Keen and Miss Conard were appointed a committee to raise funds for the entertaining of delegates to the annual convention of the Associated Alumnae.

Miss Brobson urged all present to make a supreme effort to attend the State Association meeting in Harrisburg, on January 20 and 21.

New Year's greetings were extended the association from distant members as follows: Mrs. Williams, of Minneapolis, Minn.; Miss Rose Smith, Baltimore, Md., and Miss A. J. Weaver, of Erie, Pa.

Meeting adjourned.

NELLIE M. CASEY, Secretary.

#### **Medico-Chirurgical T. S. Alumnae**

The annual meeting of the alumnae took place on the first Monday of December, 1903, at the residence of Miss Davis. All officers for the past year were re-elected.

The regular monthly meeting was held at the residence of Miss Davis, January 4, 1904, at 3 P. M., President Miss Davis in the chair. Minutes of the last meeting were read and approved. Financial secretary and treasurer read report of last year, which was accepted. Expenditures for the year, \$112.86. Balance in treasury, \$365.

The "Sick" Committee for the year will include Miss Mackereth and Miss Dengler.

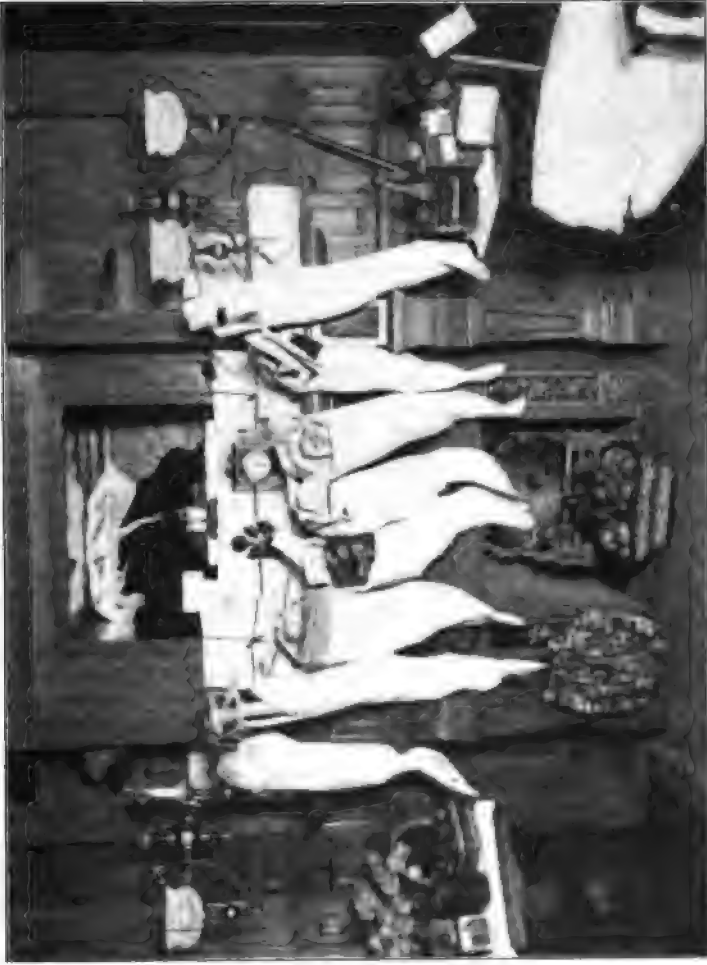
Auditing Committee: Miss Risley and Miss Chalfonte.

After disposing of several minor affairs the meeting adjourned.

The nurses are once more indebted to Miss Susan G. Baker (honorary member) for the lavish entertainment and refreshments tendered them after the meeting.

**Mary Ballantyne  
Nurses' Residence** The formal opening and transferring to the Stratford (Ont.) General Hospital Trust of the Mary Ballantyne Nurses' Residence took place January 6, in the presence of the members of the Trust and a large company of ladies and gentlemen interested in the hospital, who had been invited to witness the event. The company first assembled at the hospital, where Mr. Wm. Buckingham, chairman of the Hospital Trust, performed the pretty ceremony of presenting to Miss Ballantyne, daughter of Hon. Thomas Ballantyne, the donor of the Nurses' Residence, a golden key with which to unlock the door of the residence and admit the company thereto, with a view to the carrying out there of the ceremony of formally transferring the gift.

In handing to Miss Ballantyne the golden key, Mr. Buckingham made a few happy remarks by way of appreciation of the munificent gift to the hospital.



CHRISTMAS EVE, NURSES' QUARTERS, BROOKS MEMORIAL HOSPITAL, DUNKIRK, N. Y.

The key is a pretty and elaborate emblem, being suitably engraved and marked on the handle by a large S, which is further embellished by a replica of the nurses' medal.

Escorted by Mr. Buckingham, Miss Ballantyne then led the procession to the Nurses' Residence, which she unlocked, admitting the assemblage to the ample and beautifully equipped interior.

A granite tablet on the building at the entrance has the following inscription:

THE  
MARY BALLANTYNE  
NURSES' RESIDENCE,  
Erected in Memory of  
His Late Wife,  
by the  
HON. THOMAS BALLANTYNE,  
Chairman of  
The Hospital Trust,  
1903.

The exercises which followed were of unusual interest. Addresses were made by Hon. Thomas Ballantyne, Rev. E. W. Pantton, Mr. William Buckingham, Mr. John Idington, R. C., Mayor Hepburn, and Rev. Father Tobin.

This was also the occasion of the presentation of diplomas and medals to the graduating nurses. Mayor Hepburn so honored Miss Anderson, Sheriff Hossie Miss Pearson, and E. T. Dufton Miss Switzer.

The company were then invited to sign the register and to inspect the building, which is of white brick with stone trimmings, built in the colonial style of architecture, and occupying an area of 37 x 34 feet, exclusive of a broad veranda and porch with balconies above. The outer appearance has character and beauty without lavish expense, the aim having been to make supreme the interior provisions.

In the reception room hang fine portraits, daintily framed, of Hon. Thomas Ballantyne and his late wife, to whom the residence is a memorial, presented by Miss Chilman, lady superintendent, and nurses.

#### More School Nurses

Dr. Thomas Darlington, the Health Commissioner of New York city, has asked the Board of Estimate for \$47,000 in order to engage more school nurses. Dr. Darlington would like to put a nurse in every school, but this is impossible without additional funds.

**Minneapolis, Minn.** Lists are at present being circulated among the graduates of recognized schools of training for nurses, with a view of ascertaining the sentiment in favor of organizing an independent association of nurses. For three years an association has been conducted under the auspices of the Hennepin County Medical Society, but this does not give satisfaction to the trained nurses, who claim that they are classified too closely with untrained nurses.

The sentiment appears to be strong in favor of the new movement, and in all probability the association will be organized in the near future.

**Cincinnati, Ohio** The movement toward organizing a State Society of Trained Nurses, with the ultimate object of securing legislation for the advancement of the nursing profession, will take on tangible form at the convention which is to be held in Cincinnati, January 27-28. In addition to independent nurses, all alumnae associations, nurses' clubs, and schools are expected to send delegates. The meetings will be held in the City Hospital amphitheater.

**Memphis, Tenn** The Memphis Hospital Nurses' Alumnae Association met December 3 and elected the following officers: President, Luly M. Robley; first vice-president, Fannie Jordan; second vice-president, Lillian Mills; treasurer, Snow McKellar; secretary, Zoe Brown. The members of the recent graduating class were received into the association.

**Metropolitan T. S. A. A.** The Alumnae Association of the Metropolitan Training School for Nurses, Blackwell's Island, New York city, was organized May 18, 1903, at the Nurses' Home, with a charter membership of thirty-nine. Miss Mary E. Thornton, of the Post-Graduate Hospital, New York city, Mrs. W. K. Draper, president of the Board of Managers, and Miss Jane M. Pindell, superintendent of the Metropolitan Training School, kindly assisted in the organization.

The association promises to be very successful and now has a membership of fifty, and holds quarterly meetings on the second



Tuesdays of March, June, September, and December.

The first few meetings were held at the Training School Home, but in the future Dr. Stewart's Home for Nurses, 686 Lexington Avenue, will be the meeting place. The annual meeting will be on the anniversary day of the organization, May 18, or the day following when that falls on Sunday.

The initiation fee of \$1.00 and yearly dues of \$1.00 thereafter was decided upon.

Steps have been taken toward the incorporation of the association, and we hope to gather all the graduates of the training school and be of mutual benefit to each other.

Dr. George Taylor Stewart was elected honorary life president, and Miss Agnes P. Mahoney, Miss Jane M. Pindell, and Miss Martha E. Bollerman, honorary charter members. The officers of the association are: Miss Agnes S. Ward, president; Miss A. M. V. Kingsland, first vice-president; Miss Katherine Macklin, second vice-president; Miss Sabra Hunter, secretary; Miss Alice Hudson, treasurer.

SABRA HUNTER,  
Secretary.

#### Sydney, New South Wales

Applications are invited from ladies competent to fill the position of matron and superintendent of nursing of the above hospital. The hospital contains at present 236 beds, but, when additions now in course of erection are completed, the number of beds will be 456, and this will be the largest and most modern hospital in Australasia.

It is the desire of the board of directors to obtain a matron of the highest qualifications. Applicants should be under 35 years of age, and possess good health, and should have had experience in the management of the nursing staff of at least one large hospital, and in housekeeping. They should also be competent to deliver lectures to nurses, and generally to direct their training.

A term of engagement of three years will be offered to the successful applicant, whose passage will be paid to Sydney.

Copies of the rules of the hospital, including those which direct the work of the matron and her staff, can be obtained at the office of THE TRAINED NURSE. Applications should be forwarded to Hon. Hy. Copeland, general agent for New South Wales, 5 Westminster Chambers, Westminster, London,

England, endorsed "Application for the Matronship, Royal Prince Alfred Hospital, Sydney," on or before February 28, 1904. Applicants should state their experience and the salary expected, and forward copies of testimonials, certificates, etc. The applications will be dealt with by a committee in London, in consultation with the chairman of the board of directors.

WILLIAM EPPS,  
Secretary.

**Graduation** At the close of the first winter term, thirty-six scholars received their diplomas at the Philadelphia Orthopedic Institute and School of Mechanotherapy, Philadelphia, in the scientific application of medical massage, Swedish movements, and medical gymnastics; the first twelve also in electro-therapeutics.

The names of the graduates are: Miss Emma L. Ellwanger, Phoenixville, Pa.; Miss Mary D. Gegan, Philadelphia, Pa.; Miss Lottie J. Iander, Philadelphia, Pa.; Miss Lillian M. Kaighn (graduate San Antonio Infirmary), San Antonio, Tex.; Miss Rosalie W. MacFarland, Philadelphia, Pa.; Mrs. Elizabeth D. Magee (graduate, superintendent, and head nurse of Chester Hospital; head nurse of West Virginia Miners' Hospital, No. 1, Welsh, W. Va.), Chester, Pa.; Miss Mary B. Powick (graduate, Woman's Hospital, Philadelphia), Wilmington, Del.; Miss Anna F. Thomas, Maple Shade, N. J.; Miss Carrie C. Andreas, Millville, N. J.; Mrs. Mary E. Baxter, Harrisburg, Pa.; Miss Lucy Bickley (Western Temporary Home, Philadelphia), Chambersburg, Pa.; Miss Ida Bossert, Haddonfield, N. J.; Miss Helen Stewart Burgess, Hockessin, Del.; Mrs. Mary J. Clark, Philadelphia, Pa.; Mrs. M. C. Homer, Philadelphia, Pa.; Miss Carrie Heer (graduate Philadelphia Hospital; head nurse Atlantic City Hospital), Baltimore, Md.; Miss Martha H. Jarden, Philadelphia, Pa.; Miss Alice D. Kane, Philadelphia, Pa.; Mrs. Barbara Klose, Philadelphia, Pa.; Mrs. Celestine Lanneau, Philadelphia, Pa.; Miss Margaret M. Martin (graduate Victoria General Hospital, Halifax, N. S.), Norfolk, Va.; Miss Ellen L. McCutcheon (graduate Retreat for the Sick), Norfolk, Va.; Miss Mabel Merrick Mendenhall, Mendenhall, Pa.; Miss Martha Preston (St. Christopher's Hospital, Philadelphia), Lumberville, Pa.; Miss Mary E. Rockhill (graduate Cooper

Hospital, later head nurse, first vice-president Cooper Hospital Alumni Association), Camden, N. J.; Miss Clara A. Morgan (St. Luke's Hospital, New York; Pennsylvania Hospital, Philadelphia; Las Animas Hospital, Cuba), Scranton, Pa.; Miss Juliet A. Smith, Philadelphia, Pa.; Miss Henrietta Scheid, Philadelphia, Pa.; Mrs. Henrietta Van Meter, St. John, New Brunswick, Can.; Miss Mary E. Walter, Philadelphia, Pa.; Mr. Harry E. Bingham, Dayton, Ohio; Mr. L. Culross Boyd, Philadelphia, Pa.; Mr. James W. Crossley, Pittsburg, Pa.; Mr. Joseph K. Gourley, Philadelphia, Pa.; Mr. Walter E. Peters (graduate Trenton City Hospital), Trenton, N. J.; Mr. John E. White, Philadelphia, Pa.

Diplomas have been awarded to five scholars in the application of electro-therapeutics as follows:

Miss Rebecca Jackson (graduate Episcopal Hospital, Philadelphia; corresponding secretary and treasurer Spanish-American War Nurses), Overbrook, Pa.; Miss Jennie Holmes, Philadelphia, Pa.; Miss Addie M. Roeder, Allentown, Pa.; Miss Collie D. Woodley (Innwood Sanitarium), West Conshohocken, Pa.; Mrs. Jennie Lery, Neu Sanditz, Austria.



**Sad Casualties** Miss Beula Siebert, of Williamsport, Pa., a nurse at the Nason Hospital, Roaring Springs, Pa., was fatally burned on the afternoon of January 6, by her clothing taking fire from a heater in the basement of the institution. The firemen and nurses of the hospital made great efforts to save Miss Siebert, and Miss Emma Graffius had her hands severely burned.

Miss Mabel Gerow, of Vineland, N. J., perished in the recent terrible fire in Chicago. She was a graduate of the New Jersey Training School for Nurses, of Camden, N. J. Miss Gerow had but recently returned from a trip to Europe, and had been traveling with Miss Higginson, the daughter of the Chicago millionaire.

Miss Margaret Burrows, a New York Hospital nurse, was badly burned about the face and arms by the explosion of an alcohol lamp, January 2. Miss Burrows was attending the young son of Mr. George Gould, at Lakewood, N. J.

The regular monthly meeting of the N. Y. C. T. S. N. A. A. was held at the Academy of Medicine, 17 West Forty-third Street, New York city, on Tuesday, January 12, 1904. Miss J. Amanda Silver, who has been the faithful president of the association for the last year, was re-elected. Miss Silver took the chair. The following officers for 1904 were then duly installed: First vice-president, Mrs. Harriet Porter Ingersoll (re-elected); second vice-president, Miss Jennie L. Simmons; recording secretary, Miss Grace Forman; corresponding secretary, Mrs. Julia M. Syron; financial secretary, Mrs. Clinton Stevenson (re-elected); treasurer, Miss Martha C. Drew (re-elected). A vote of thanks was given to the outgoing officers and the various committees who had served during the past year. After a short discussion regarding the formation of the New York County Association, the usual routine business was transacted. Reports from the various committees were read. After the meeting the nurses adjourned to the banquet hall. The refreshments which followed were a donation from Mrs. C. P. Armstrong, and were much enjoyed.

MRS. JULIA M. SYRON.  
Corresponding Secretary.



**St. Mary's T. S. A. A.** The annual meeting of the Alumnae Association of St. Mary's Training School for Nurses, Brooklyn, N. Y., was held on January 4, 1904. The usual routine business was transacted. Officers elected for 1904 are as follows: President, Miss M. A. O'Neill; first vice-president, Miss Ada Clarke; second vice-president, Mrs. M. McCaughy; treasurer, Mrs. M. McCarthy; secretary, Miss D. Macdonald.



**Manhattan and Bronx** The January meeting of the Association of Graduate Nurses of Manhattan and Bronx was held on the 11th, at the League for Political Education, 23 West Forty-fourth Street. Miss Sophia F. Palmer was elected an honorary member of the association. On the invitation of the entertainment committee, Miss A. Rhodes gave a very interesting address on "Current Events," which was enjoyed by all present. Delegates were elected to the meet-

ing of the County Society of Nurses, to be held the third week in January.

**Newark City Hospital A. A.** A progressive whist was given at Oraton Hall Monday evening, December 14, 1903, by the Nurses' Alumnae Association of the Newark City Hospital, for the purpose of raising funds to endow a bed. The event was well attended, over four hundred people being present. Among the guests were many prominent physicians with their wives and families. The hall was tastefully decorated with palms and flags. Many handsome prizes were distributed and refreshments served. The nurses wore blue and white, their regulation uniform, with the exception of those who presided in the Japanese tea room.

**Indiana State Association** A meeting of the Indiana State Nurses' Association will be held at the Grand Hotel in Indianapolis, February 22. All nurses are earnestly requested to be present.

Program.—Informal meeting of committees, etc., at 11 A. M. Luncheon at 1 P. M. Call to order at 2 P. M. Address by Dr. Rilus Eastman. Response by president, followed by business session.

**Personal** Miss Gertrude Gerhard, a graduate of the Medico-Chirurgical Hospital Training School for Nurses, of Philadelphia, has resigned her position as supervising nurse of the Municipal Hospital of Philadelphia, and will take up private nursing.

Miss Bessie B. Blakeny has accepted the position of head nurse at the Cambria Hospital, Johnstown, Pa. Miss Blakeny is a graduate of the Bayonne Hospital, Bayonne, N. J.

Miss Josephine Royan has resigned her position as head nurse at the Branch Hospital, Cincinnati, Ohio.

Miss Mary R. Berredge, a graduate of the Philadelphia Hospital and late superintendent of the New Orleans Sanitarium, has accepted the position of head nurse and matron of Greensboro Hospital, North Carolina. Miss Berredge comes highly recommended by some of the most distinguished physicians and surgeons in the country. She served as

trained nurse for two years in the United States Army in the Philippine Islands.

Miss Fannie Steele has been appointed superintendent of trained nurses at the City Hospital, Louisville, Ky., in place of Miss Lillian Zeigler, resigned.

Miss Della McKee has been appointed night superintendent at the Beaver Co. (Pa.) General Hospital. Miss McKee is a graduate of the Conemaugh Valley (Pa.) Memorial Hospital Training School for Nurses.

Miss Helen Cleland, late of the McLean Hospital for the Insane, has been appointed superintendent of nurses at the Michigan Asylum, Kalamazoo, Mich. Miss Cleland is a graduate of the Massachusetts General Hospital Training School for Nurses.

Miss Carrie Rosebrook, a graduate of Christ Hospital, Jersey City, has been appointed superintendent of nurses of Christ Hospital, to succeed Miss F. K. Blair, resigned. Miss Rosebrook was superintendent of North Hudson Hospital, Union Hill, for two years, and we are proud to think the hospital has appointed one of its own graduates. Miss Rosebrook is a very lovable and competent nurse, and we wish her every success in her new field of duty.

MARGARET FYFE,  
Sec. Christ Hosp. A. A.,  
Jersey City, N. J.

Miss Rose C. Wells, a graduate of the New York Infirmary T. S., class '97, resigned her position as superintendent of the Women's and Children's Hospital of Newark, N. J., to take the superintendency, on January 1, 1904, of the Margaret Pillsbury General Hospital, at Concord, N. H. Miss Wells has been in charge of the Hospital for Women and Children since its removal to the new building on Central Avenue, nearly six years ago, and has been largely instrumental in the growth and success of that institution. Her resignation is much regretted by all connected with the hospital, but all wish her the success she deserves in her new field.

Miss Lucy A. Hall, also a graduate of the New York Infirmary T. S., class '96, who for the past five years has been doing private nursing in Springfield, Mass., goes with Miss

Wells to take charge of the housekeeping department of the Margaret Pillsbury General Hospital.

Miss Sara A. Wheeler, Hartford Hospital graduate of 1898, who has done hospital and private work since, has accepted the position as house mother at the Church Home and Hospital, Orlando, Fla.

At a recent meeting of the alumnae of the Cleveland Training School for Nurses the superintendent of the Huron Street Hospital, Mr. W. H. Webber, was elected an honorary member of same.

Miss May Montgomery, daughter of William Montgomery, has been appointed assisting matron of the Kingston General Hospital. Miss Montgomery is a former honorary graduate of this hospital, and has also been lady superintendent of the Wilmington (Delaware) General Hospital.

**Married** Miss Frances K. Blair, superintendent of nurses, of Christ Hospital, Jersey City, was married to Dr. S. Henry Sulouff, in Jersey City, on Thursday evening, December 31, 1903, by the Rev. Geo. S. Bennett. Miss Blair is held in very high esteem by all who know her. The pupils of the school will miss her very much, as they have lost a valuable member. We wish Dr. and Mrs. Sulouff every success in their new life.

MARGARET M. FYFE, Secretary.

On October 7, 1903, at Brooklyn, N. Y., Miss N. C. Hughes, of the class of 1895, St. Mary's Hospital Training School for Nurses, Brooklyn, N. Y., to Mr. W. H. Raney. Mr. and Mrs. Raney will reside in Prescott, Ontario, Canada, as Mr. Raney is a leading druggist in that city.

Mr. and Mrs. John Koehnke announce the marriage of their daughter, Regina Jenette, to Mr. Claude Stewart Harkin, Saturday, December 26, 1903, at Vineland, N. J. The bride is a graduate of St. Luke's Hospital Training School for Nurses, and Orthopedic Institute and School of Mechano-Therapy of Philadelphia, Pa.

Miss Katherine H. Delmuth, of Camden, N. J., and Professor Albert I. Mayer, B.A., M.A., of Cincinnati, were married in Trinity Evangelical Church, Camden, N. J., December 30, 1903. Miss Delmuth is a graduate of the New Jersey Training School for Nurses, class of '97. Mr. and Mrs. Mayer will reside in Cincinnati, Ohio.

At the home of her son, at Montrose County, Col., November 18, 1903, Mrs. Anna A. Price was married to Dr. John Wesley Collin. Mrs. Collin is a graduate of the New York Infirmary, class '96. As a private nurse, both in New York city and Springfield, Mass., she was very popular. She will make her home in the West.

Married at Springfield, Mass., December 30, 1903, Mrs. Leila J. Kaplinger to Mr. Lucius W. Hart, of Springfield, a conductor on the N. Y., N. H. & H. R. R. Mrs. Kaplinger is a graduate of the Springfield Hospital Training School, class of '96.

**Obituary** Resolutions on the death of Miss Mattie M. Baker, by the Louisville Graduate Nurses' Club: It is with deep regret that we announce the death of our sister member, Miss Mattie M. Baker, a graduate of class 1896, Louisville City Hospital Training School, who died December 28, 1903, at St. Anthony's Hospital.

In respect to her memory the following resolutions were adopted:

*Resolved*, That the nurses' profession has lost a faithful and conscientious worker, and our club a valued and esteemed member. It is further

*Resolved*, That we extend our sympathies to the members of her family.

*Resolved*, That these resolutions be recorded upon the minutes of the club, and a copy of them sent to the relatives of the deceased, THE TRAINED NURSE, and the *Courier-Journal*.

ANNIE RECE,  
LINA FUHRMAN,  
ROSE LEVI.  
Committee.

Clara Helen Aeberli, one of the first nurses to respond to the call for aid from fever-stricken Butler, died January 10, at the Presbyterian Hospital, in Allegheny, Pa. For some time she had been a sufferer, and her

work among the sick at Butler aggravated her complaint until she was forced to come home for relief.

Miss Aeberli was born in Allegheny twenty-eight years ago, and was the daughter of the late Ferdinand Aeberli. Four years ago she graduated from the training school of St. Timothy's Hospital, in Philadelphia, and practised in that city for two years, when she went to Europe with a patient, spending about a year on the Continent. After her return she again located in Philadelphia, but responded to the call for nurses sent out from Butler, in November, and was placed in charge of the Wagner Emergency Hospital in that city.

The many friends and acquaintances of Miss E. Margaret Pritchard, superintendent of nurses of the German Hospital, Brooklyn, N. Y., were saddened at the announcement of her death on December 19, after an illness of five weeks. Miss Pritchard came to Brooklyn six years ago, and was graduated with high honors from the Methodist Episcopal Hospital (Seney) in the class of 1899. The following year she received the appointment of superintendent of nurses. She was an exceptional young woman as a superintendent; she was very successful and highly esteemed. Her unselfish devotion to her duties and many acts of kindness to all whom she met in daily life had won for her many friends in the city. Her body was taken to her home, in Brockville, Canada. ELLA B. KURTZ.

Died at her home in New Haven, Conn., December 2, 1903, Mrs. Emma J. Rielley, graduate of the Connecticut Training School for Nurses, class of 1892. It is with much sorrow that the Alumnae Association of the Connecticut Training School for Nurses receive the news of the death of Mrs. Emma J. Rielley. Since her graduation in 1892 she had been engaged in private nursing, in which work her efficiency and faithfulness won for

her the lasting friendship of patients, physicians, and sister nurses. She filled a useful place in the nursing profession, and her death comes as a personal bereavement to many.

The following resolutions were adopted by the Alumnae Association of the Connecticut Training School for Nurses:

*Whereas*, It has pleased our Heavenly Father to take from our midst Mrs. Emma J. Rielley, we, her associates, feel that in her death we have lost a sincere and much beloved friend, and the profession a most highly esteemed member; be it therefore

*Resolved*, That we do sincerely sympathize with her daughter in her great bereavement, and desire to express to her our esteem in which we held our sister nurse.

*Resolved*, That a copy of these resolutions be sent to her daughter, to THE TRAINED NURSE, and recorded on the minutes of the association.

MARTHA J. C. SMITH,  
ANNA M. LOCKERTY,  
ROSE M. HEAVERN,  
Committee.

The members of Camp Liberty Bell, Philadelphia, Pa., have heard with sorrow of the death of their comrade, Julia H. Murphy, and would extend their heartfelt sympathy to her family and friends in their bereavement.

REBECCA JACKSON, Captain.

Miss Nora Pearl Nelson died January 7, at Butler, Pa., of typhoid fever. Miss Nelson was a daughter of the late J. J. Nelson, of Emlenton, Pa., and a half-sister of Mrs. George K. McAdoo. Several weeks ago, she came to Butler to help nurse the late Dr. McAdoo and his family, and she was herself stricken with the disease.

Miss Sara Butler, of West Torrington, Conn., died December 30, 1903.



# The Editor's Letter-box

The Editor is not responsible for the views of contributors.

## A Case of Diphtheria

DEAR EDITOR: Was called out on a case of malignant diphtheria on November 23. Found my patient, a girl of six years, in a room connecting with bath room, so had no trouble whatever in bringing about perfect isolation. Patient was in a most uncomfortable condition. The glands of neck were frightfully swollen, and throat was well covered with membrane, which extended over a portion of the roof of the mouth.

Shortly after my arrival the doctor made his visit. Anti-toxin, fifteen hundred units of which was given at one time, had been injected before I reached my patient, and it was decided to wait until the end of twenty-four hours before using it a second time. The child being in a very nervous state, my orders were to keep nose as clean as possible, but not to resort to spraying of any kind. A prescription made up of iron, strychnine, bichloride of mercury, and glycerine, was given every two hours, and ice-bag was applied to throat continually. Expectoration in this case was more offensive and profuse than in that of any other diphtheria patient I have seen. Patient's temperature at 6 P. M. was 100°, pulse very rapid, respirations somewhat labored.

On Tuesday morning, the 24th, patient's condition was most unfavorable. Pulse weak, hands and feet cold, somewhat cyanosed, patient stuporous. Whisky ordered every two hours with spec. R. anti-toxin (1,500 units) given, membrane on throat being about same as when first injection was given.

Much anxiety was felt by the physician until the next day, when there was a decided change in patient's general condition. Pulse much stronger, swelling of glands reduced, respirations easy, and a decided stripping of membrane. Up until this time all nourishment had been forced, but now patient swallowed with less difficulty and no further trouble was met with in this line.

On Friday, the 26th, patient was bright and talkative, and doctor ordered nose sprayed with warm boric solution. For this purpose I used a small glass syringe with a rubber tip, and it worked wonders.

When ten days had passed patient was pronounced out of danger, and at the end of two weeks I left her entirely well. She was taken out of isolation, and with the exception of a slight nasal twang, due to neuritis, seemed none the worse for her virulent attack of diphtheria.

I found the case one of intense interest all the way through, and it goes to show that this disease may be treated without the use of an atomizer. As a children's nurse, it has been my experience to find the process of constant spraying one of great objection to the little sufferer, and I am glad to prove that it is not absolutely necessary to resort to it, in the beginning, when the throat is in such a terrible condition.

CHARLOTTE L. HULL,  
Graduate of Children's Hospital Training  
School for Nurses, Philadelphia.

DEAR EDITOR: If recovery from tetanus were as rare at present as it was a few years since, the report of the following case would be of even greater interest than may be possible now. Even so, I trust that the disease itself is so rare that the following may be of some value.

The patient, a boy of six years, had fallen, puncturing the flesh just below the right knee. The slight wound was dressed with turpentine and no bad symptoms were manifest until eight days later, when peculiar contractions of the muscles of the face gave signs of spasm.

On the ninth day (Saturday) patient had three violent clonic spasms, each of which lasted but a few minutes and during which patient became entirely rigid; jaws were set hard and tight, and the tongue was badly bitten unless kept from between teeth.

During the intervals between spasms patient seemed bright and well, but for the rigidity of spine and jaws.

Anti-tetanic serum c.c.x were injected in region of spine in twelve hours.

Chloral hydrate, gr. ii, q. 1, 2 or 3 hours, by mouth, as required, to keep patient quiet.

On Sunday and Monday spasms, three in number each day, were more violent than on

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**Physicians will  
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has the same sweetening, heal-  
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Be sure and get **GLENN'S**.

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## The Best TONIC

When you are all tired out, feel weak,  
sleep does not rest and the digestion  
and appetite are poor, there is no rem-  
edy so effective as **Horsford's Acid  
Phosphate**. It is a nerve food and  
a tonic that nourishes and strengthens  
the entire system. Insist on having

**Horsford's**  
**Acid**  
**Phosphate**

If your druggist can't supply you we will send small  
bottle, prepaid, on receipt of 25 cents.

Rumford Chemical Works, Providence, R. I.

Saturday. Treatment continued, with the exception of the serum, of which only the above mentioned c.c.x were used.

Monday, 7 P. M., I was given charge for the first.

Patient slept greater part of night, but was restless in sleep. Normal sized defecation as result of castor oil during night. Micturiations of normal frequency, but small amount and very dark in color.

Temperature, per axilla, remains sub-normal during week.

Pulse varies from 70° to 124°. Average above normal.

Appetite very good, but on account of rigidity of jaws, only soft foods could be given.

Tuesday A. M. To already prescribed treatment was added Tr. gelsemium gtts. ss and Tr. passiflora gtts. iv, q. 2 hrs., by mouth. 11 A. M., violent spasm. 4 P. M. and 10 P. M., slight spasm. Very restless in sleep, jerking and turning often, but slept from 3.30 A. M. until 7 A. M.

Wednesday. No sign of spasm until 8.30 P. M., when there was a threatened paroxysm, also Thursday 3.50 A. M.

Patient very bright during day. Thursday, 4 P. M., slept one hour, awaking in a slight paroxysm, especially of muscles of abdomen and left leg and foot.

During the entire illness the wound just below right knee gradually healed, first discharging a little pus. Wound dressed c. carbolic 5% sol. or lysol 2% sol. u. i. d.

Paroxysms decreased gradually in number and severity during Thursday, Friday, and Saturday, and when on Monday, or at the end of one week, I was permitted to leave, there had been no sign of them for forty hours, excepting a slight stiffening of spine during sleep. Jaws gradually relaxed, until on the Saturday before I left there was no stiffness whatever.

Wound soon healed absolutely and patient entirely recovered.

If others have had any interesting experience with anti-tetanic serum, I would be glad to learn of results through THE TRAINED NURSE.

E. BALDRIDGE.

DEAR EDITOR: You will confer a great favor on me, and I am sure a great many more, if you will in your next issue (if possible) print an article on the

practical preparation of all antiseptics commonly used. As authorities differ on the subject, I am very anxious to obtain a correct method. Respectfully yours,

MARY SHEA.

"To make one pint of solution required to contain a certain drug. For a—

I in 10,000	take of drug	0.7 or 1 gr. or min.
I " 5,000	" "	1.4 " 1½ "
I " 4,000	" "	1.8 " 2 "
I " 3,000	" "	2.4 " 2½ "
I " 2,500	" "	2.9 " 3 "
I " 2,000	" "	3.6 " 3½ "
I " 1,500	" "	4.8 " 5 "
I " 1,000 or ¼% "	" "	7.2 " 7 "
I " 500 " ½ " "	" "	14.5 " 14½ "
I " 400 " ¼ " "	" "	18 " "
I " 300 " ⅓ " "	" "	24 " "
I " 200 " ½ " "	" "	36 " "
I " 100 " 1 " "	" "	72 " "
I " 50 " 2 " "	" "	144 " "
I " 40 " 2½ " "	" "	180 " "
I " 33 " 3 " "	" "	220 " "
I " 30 " 3½ " "	" "	240 " "
I " 25 " 4 " "	" "	288 " "
I " 20 " 5 " "	" "	365 " "
I " 10 " 10 " "	" "	720 " "
I " 5 " 20 " "	" "	1,440 " "
I " 2 " 50 " "	" "	3,600 " "

"a. Supposing a 1 per cent. solution of carbolic acid is to be made, then take 72.7 grains of crystalized carbolic acid just sufficiently heated to render it liquid (using a graduated glass which had previously been warmed), and dissolve it in enough water to make one pint. 'This will be approximately correct.' For absolute correctness the carbolic crystals must be weighed seventy-two grains. A saturated solution of carbolic acid in water at the ordinary temperature contains about five per cent. of the acid, or one in twenty parts.

"b. If a 1 in 1,000 solution of bichloride of mercury is to be made, dissolve 7.2 grains of the salt HgCl<sub>2</sub> in one pint of water. One pint of water measures 7,680 minims, but weighs only 7,291 grains. It is upon the weight of one pint that the above given properties are based.

"The above table for preparing solutions may prove very valuable for private nurses.

"In our hospital practise, where the solutions are generally already or only have to be diluted, we are very apt to forget that some day we may be thrown upon our own resources and be obliged to prepare the so-



HAVE YOU EVER TRIED that "Dainty Woman's Friend," HAND SAPOLIO, for toilet and bath? It is a delicate preparation of the purest ingredients, a luxury, but also a necessity to every man, woman, and child who desires the beauty of perfect cleanliness.

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DON'T INFER that the patient ate a horse because you saw a saddle under the bed. HAND SAPOLIO is related to Sapolio only because it is made by the same company, but it is delicate, smooth, dainty, soothing, and healing to the most tender skin. Don't argue, Don't infer, Try it!

---

HAND SAPOLIO SAVES doctor's bills, because proper care of the skin promotes healthy circulation and helps every function of the body, from the action of the muscles to the digestion of the food. The safest soap in existence. Test it yourself.

lution from the drug itself. It certainly would be very mortifying to any trained nurse to be asked to make a certain per cent. solution and not be able to do it. I have had orders from physicians to give one sixth of a drop of a certain drug and .001 grain of a certain solution, and I assure you I would have

felt very badly to have asked how. These tables prepared during my district work have been very serviceable.

MARGARITA A. McKENNA.

The above was contributed to this magazine some years ago, and has proved of great value to many nurses.

## Nursing World

(Continued)

### Massachusetts State N. A.

A meeting of the Massachusetts State Nurses' Association was held in the New Century Building, Boston, Mass., January 13. Miss Mary M. Riddle presided. The record of the previous meeting was presented by Miss Rachel Metcalf. Dr. Laura A. C. Hughes, treasurer, made a report of the finances, which showed the receipts thus far to be more than \$600; Dr. Hughes further said the membership of the association was 301, with applications coming in.

Miss E. D. Ayers, of the Worcester City Hospital, reported that a branch society of the association had been formed in Worcester, with a membership of forty-eight. A similar society has been organized in Bristol County, with thirty-six charter members, and at a preliminary meeting of Essex County, held in Salem, seventy-five graduates were present, and a branch society will be formed next month in that county. Other counties are enthusiastic, and will rapidly become affiliated with the State Association.

Miss L. I. Drown, of the Boston City Hospital, historian, gave a history of the association since its inception in Faneuil Hall in February, 1903. Miss M. E. C. Davis, chairman of the committee on legislation, read the bill which is to be presented to the Legislature. The bill as a whole was accepted on condition that Section 3 be rearranged and phrased differently.

The following committee was appointed to present the bill before the Legislature, in conjunction with the attorney of the association: Miss Riddle, Miss Pauline L. Dolliver, of the Massachusetts General Hospital; Miss R. Metcalf, of Worcester; Dr. L. A. C. Hughes, Boston, and Miss M. E. C. Davis.

On motion of Miss Davis, Dr. Elizabeth C. Keller, of Jamaica Plain, was made an honorary member in recognition of the aid she had given the nursing profession in this State. Dr. Keller expressed her appreciation of the honor conferred on her.

■

### Pa. State Society

A meeting of the Pennsylvania State Nurses' Association was held in Harrisburg, January 20 and 21. A full report of this meeting will be given in next issue.

■

### Toronto Notes

The first regular meeting of the Alumnae Association of the Hospital for Sick Children Training School for Nurses was held at the hospital January 9. Dr. Gallie gave a very interesting lecture on Inflammation. Dr. Gallie is one of the house staff.

Dr. Irving delivered a very instructive lecture at the monthly meeting of Toronto General Hospital Alumnae January 12.



***"It is not what one  
eats but what one  
absorbs that tells  
the nutritive story."***

**This is especially true in cases of severe illness when the digestion is more or less embarrassed.**

## **Liquid Peptonoids**

**is thoroughly predigested and contains sufficient immediately and wholly available nutrient material to sustain life for weeks at a time when other foods cannot be tolerated or utilized.**

**One to two tablespoonfuls 3 to 6 times a day**

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Coughs, Deepseated or Otherwise, and for Severe Pains,  
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# The Hospital Review

The Moncton (N. B.) Hospital was formally opened November 12 with appropriate ceremonies. The building is designed after the Royal Victoria, in Montreal, the main part being three stories with wings of one story. The main structure is 46 by 46, and the wings each 31½ feet wide by 80 feet. The wings are similar in design, the west wing being the female ward and the east the male ward.

Interesting figures are contained in the annual report of the Society of the Lying-in Hospital, New York city, recently issued. The report calls attention to the fact that, while the income last year for the work was but \$28,862.82, the expenses amounted to \$117,340.45, so that a deficit of \$88,477.63 was incurred. A plea is made for donations, it being pointed out that two ward floors of the hospital have to be kept closed owing to the lack of funds.

The number of applicants were 5,310, an increase of 495. Of these the society admitted into its hospital building 1,132, an average of 94 every month. There were 2,693 patients cared for in their homes, a monthly average of 224, with a loss of only three lives. The total births in both departments were 3,825, an increase over the past year of 481.

Nearly 600 applicants applying for ward treatment could not be received owing to lack of accommodation. The number of monthly applicants for treatment in both departments was 442, and the number of births 319. The greatest number of applicants in any one month was during January, 505, and the least in April, 405. The society cared for 380 women in confinement in December, as contrasted with 332 in April.

Of those treated during the year, 716 were natives of this country and 3,109 foreign born. Out of 5,310 applicants 4,039 lived in front rooms and 418 in rear tenements. In 3,807 cases the husbands were without employment in 1,062 instances, nearly one-third. In 2,719 cases the number of living children was 7,269. The report states that the average wages of the husbands of the patients treated was \$7.72 per week. It is claimed

from these figures that the class treated by the society is absolutely destitute.

Attention is called to the fact that, of the 55,518 births reported in Manhattan during the year ending September 30, the majority were reported by midwives, and a plea is made for some regulation of the practise of midwifery.

The nineteenth annual report of the directors of the New York Post-Graduate Hospital, New York city, shows that the average daily number of free patients in the last year was 120. The report says:

"Our hospital urgently requires enlargement. The waiting list of poor and deserving patients during nine months of the year is very large. We are utterly unable to take care of more than two-thirds of those who apply for our assistance. During the last year the Health Board of the city excluded from the schools thousands of children suffering from trachoma, and we provided very limited accommodations for their care. We could have filled a large number of beds with deserving cases of this disease, but we had no money for the maintenance of these beds. We have no beds for the obstetrical department. We do not need a large number, but some are essential to the humane and educational part of our work."

The Presbyterian Hospital of New York city is in need of funds. Though the deficit for the last year was more than \$58,000, the work of the institution was not curtailed. The hospital gave medical or surgical service to 40,195 persons. Of these patients, 68 per cent. were unable to pay anything, and were treated free; 6 per cent. were on endowed beds, and therefore were not charged for treatment; 17 per cent. paid only \$1 a day, and the remaining 9 per cent. were patients in private rooms, who were charged little more than the cost of their care. The average daily cost to the hospital of a ward patient is \$2.51 a day.

The new buildings of the Danvers (Mass.) Insane Hospital, are approaching completion. Part of them, at least, will be ready

# The Value of Terraline

in Bronchial affections is now too firmly established and generally acknowledged to require further consideration here; but for the large class of cases in which persistent, hacking cough—especially at night—is a pronounced symptom, we are now enabled to offer a most effective combination in

## Terraline WITH Heroin

whereby in addition to the lubricant, antiseptic, expectorant, waste checking, tissue-building properties of pure petroleum (Terraline), the sedative effect of Heroin, the most effective and harmless of all antitussics, are obtained. Each fluid ounce of Terraline contains  $\frac{1}{24}$  grain of pure Heroin (alkaloid).

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Unguentine is the "all-round" surgical dressing—antiseptic, astringent, antiphlogistic and restorative—indicated in all cases where there is inflammation and where an ointment is applicable. This is attested by all who use it. There are also FIVE ADJUNCTS of UNGUENTINE for convenience in Intra-Orificial Medication:

(1. UNGUENTINE CONES (RECTAL) -  
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These contain the active remedial agents of UNGUENTINE, combined with a base of solidified oils and such added medicaments as are indicated in each specific treatment. Let us send you, free by mail, samples with formulas, etc.

for occupancy by January 1. The buildings are pleasantly situated on a broad plateau, and are arranged for the cottage system. They are twelve in number, planned in four groups of three buildings each, connected by covered corridors. They are of wood, one story high, with the exception of one, which is of brick, two stories, and will probably be occupied by nurses.

**The will** of William Turnbull, of St. John, N. B., a copy of which has been filed at the East Cambridge registry of probate, provides for the erection of a hospital in St. John, to be known as the "St. John Hospital for Incurables," to cost not more than \$100,000.

**The new** buildings of the Muhlenberg Hospital, Plainfield, N. J., were opened for the reception of patients December 28, 1903. The Muhlenberg Operating Pavilion is the gift of Mr. J. Howard Wright, in memory of his two grandsons, Howard Wright Corlies and Parker Wright Mason. The J. Hervey Ackerman Ward is the gift of Mr. Ernest R. Ackerman. An isolation ward is to be erected shortly, the amount of its estimated cost having been subscribed by Mrs. Samuel Milliken, Mr. Edward Milliken, Mr. Foster Milliken, and Mr. and Mrs. James W. De Graff. A nurses' home will be erected when funds sufficient to cover its cost have been subscribed. The Woman's Auxiliary Board has raised about \$1,400 for this purpose.

The new buildings will accommodate 60 patients—34 in the wards, 4 in the special rooms of the eye and ear department, and 22 in private rooms. The total cost was \$83,500. Miss Harriette E. Wildey, graduate of S. R. Smith Infirmary, class of 1900, is superintendent of the hospital.

**Corporators' Day** was celebrated at the Philadelphia Polyclinic Hospital January 11, 1904. The exercises were held in the Amphitheatre of the hospital at 2.30 o'clock, the president, John Scott, Jr., Esq., presiding. The following reports were read: Report of trustees, John Scott, Jr., president; report of faculty, Lewis W. Steinbach, M.D., president; report of training school committee, Samuel D. Risley, M.D., chairman; report of hospital, Maud Banfield, superintendent; report of college department, B. M. Randolph, dean. Election of trustees.

The inspection of the hospital, and opening of the new children's ward, nurses' home, laundry building, and power plant, from three to six o'clock. Tea was served in the reception rooms of the nurses' home. The following women formed the reception committee: Mrs. Francis E. Bond, Mrs. George W. Childs Drexel, Mrs. Theodore N. Ely, Mrs. S. W. Ingersoll, Mrs. Elias D. Kennedy, Mrs. Thomas S. Kirkbride, Mrs. H. P. McKean, Mrs. William Platt, Mrs. G. Colesberry Purves, Mrs. John Scott, Jr., Mrs. John M. Scott, Mrs. J. Waln Vaux.

**A group** of friends of St. Barnabas Hospital, Minneapolis, Minn., have recently presented the hospital a sum of money sufficient to furnish a clinical laboratory and X-ray apparatus. On the afternoon of January 1, 1904, the donors and their friends, to the number of 300, were invited to a reception at the hospital to witness an exhibition of the new instruments. The guests were received by J. R. Black, Miss Staples, and Mrs. Hart, of the hospital staff; Dr. and Mrs. C. H. Hunter, Dr. and Mrs. F. Marx White, Dr. and Mrs. J. T. Moore, and Dr. and Mrs. Ralph Peters. Dr. W. P. Spring conducted the exhibition of the X-ray, and some interesting experiments were shown. Light refreshments were served by the nurses in uniform.

**St. Joseph's Mercy Hospital**, Sioux City, Iowa, conducted by the Sisters of Mercy, was founded in 1889. The growth and progress of the institution has been marvelous. The facilities which the hospital possesses for the work of caring for the sick is unequalled. The building is thoroughly modern and well equipped, the wards bright and commodious, and the private rooms sunny and cheerful. All the apartments are furnished neatly and with special reference to their use and the comfort of the occupants. The heating and ventilating apparatus are of the best, and the sanitary arrangements are in harmony with the latest scientific ideas. The attending staff is composed of professors of the Sioux City College of Medicine, and embraces some of the most skillful physicians and surgeons of the West. The internes are annually appointed by a competitive examination from the graduating class of the Sioux City College of Medicine. The hospital is non-secta-

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When a physician begins the treatment of an **anæmic** or **chlorotic** patient, he must first consider the "building of the blood," the fountain and foundation of healthy life.

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Supplies the necessary **oxygen** and **haemoglobin-carrying** elements and thus successfully builds from the foundation upwards in cases of

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rian in the admission and care of patients. Contagious diseases not admitted. The intelligent and untiring zeal of the Sisters has gained for them the realization of their noble aspirations. During the past year 1,005 patients were cared for in the hospital, besides numbers of odd clinical patients. There are three operating rooms, and a large clinical amphitheater, all modernly equipped, with every device to aid in aseptic surgery.

A new steam laundry has been added the past year at a cost of \$4,000, and is especially fitted for hospital use. The training school for nurses in connection with the hospital was organized in 1899. It is under the supervision of the Sisters, and maintains a high degree of excellence. Members of the faculty of the Sioux City College of Medicine give a thorough course of lectures in the following branches of study: Anatomy, physiology and hygiene, obstetrics, gynecology, materia medica, medical nursing, bacteriology and surgical nursing, diseases of nervous system, chemistry, dietetics, massage, dermatology, and diseases of the eye, ear, nose, and throat. Every attention is given to the guidance of the classes in the essentials of each study, and with specified time for practical work in each department, the nurses leave the institution well qualified for their future labors and fit to cope with any undertaking in their chosen profession. All physicians and surgeons of good standing are welcome to the hospital, and are afforded every facility for the treatment of patients whom they wish to send. They are allowed the use of the operating rooms and have complete control of their own cases.

**The Hoffman** Hospital of Keyser, W. Va., has been completed, and was opened to the public in December. The opening was made the occasion of a reception, given by the promoters of the enterprise, and was the signal for a large outpouring of the people from

Keyser, and the neighboring towns. There was great need for this hospital, as previous to its opening patients had to be sent to Cumberland or Baltimore. The hospital has thirty-seven rooms and is furnished and equipped with all modern appliances. The building is finished in hard wood, and is pleasantly located, where it affords a fine view of town and mountains. The hospital will be in charge of Miss J. M. Morrison, a graduate of the London (Ontario) Hospital Training School, and late superintendent of the Cumberland (Md.) Hospital. Miss Morrison has with her as nurses Miss Middleton and Miss Meeks, who were with her at Cumberland.

The board of directors decided in a recent meeting to change the name of the Philadelphia Orthopedic Institute School of Mechano-Therapy, Incorporated, 1516 Green Street, Philadelphia, Pa., to Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Incorporated, to avoid in the future confusion with an institution bearing a similar name.

There are now ten cottage hospitals in the Northwest and in Northern Ontario, for whose maintenance an income is required. The fund was organized in connection with the Victorian Order of Nurses, and subscriptions have been promised to the amount of \$50,000 and as some delay had occurred in notifying subscribers, a local committee was needed to look after the collection of these subscriptions. To this end a meeting of the Toronto subscribers was held recently. A committee was elected of the following gentlemen: Senators Cox and Jones, E. B. Osler, M.P.; D. D. Mann, S. Nordheimer, and D. R. Wilkie, the latter being also elected secretary to the fund. Those who have promised subscriptions are requested to govern themselves accordingly.

---

*We beg to acknowledge with thanks the Twenty-eighth Annual Report of the Ladies' Union Charitable Society, conducting the Lawrence General Hospital and Children's Home of Lawrence, Mass.*



# ANTIPHLOGISTINE

## FOR PNEUMONIA



SHOWING THE METHOD OF APPLYING ANTIPHLOGISTINE TO THE THORACIC WALLS—FRONT, BACK AND SIDES—FOR DOUBLE PNEUMONIA.

Prepare the patient in a warm room. Lay him on his side and spread Antiphlogistine thick and hot as can be borne over one half the thoracic walls. Cover immediately with a cotton-lined cheesecloth jacket, previously made and warmed. Roll patient over on dressed side and complete the application. Stitch front of jacket to obtain the desired pressure (splinting).

Dressings should be made as rapidly as possible.

Antiphlogistine stimulates the cutaneous reflexes, causing a dilation of the superficial and coincidently contraction of the deep blood-vessels. Through this action and affinity for moisture, it flushes the superficial capillaries — bleeds but saves the blood.



SHOWING ANTIPHLOGISTINE AND COTTON JACKET COMPLETE AS INDICATED IN DOUBLE PNEUMONIA.



IN FROM TWELVE TO THIRTY-SIX HOURS IT WILL PEEL OFF NICELY LEAVING THE SKIN COMPARATIVELY CLEAN.

The circulation is thus favorably affected, congestion and pain relieved, the pulse improves, temperature declines, the muscular and vascular systems relax and rest and sleep usually follow.

Never fail to secure full and original packages—Small, Medium, Large or Hospital Size.

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# Book Reviews

*The Practical Care of the Baby.* By Theron Wendell Kilmer, M.D., Associate Professor of Diseases of Children in the New York School of Clinical Medicine; Assistant Physician to the Out-Patient Department of the Babies' Hospital, New York; Attending Physician to the West Side German Dispensary, New York. 12mo. Pages xlv-158 with 68 illustrations. Extra cloth, \$1.00, net, delivered.

This book has an advantage over many more pretentious works of this class in the fact that the author has followed out in the text the promise made in the preface, viz.; simply regarded the Mother and Nurse as knowing absolutely nothing about the care of a baby. As might be expected the book gives those little points so often overlooked, and which are the important things for mothers and nurses to know. There is much practical information *how* to do things as well as what to do. Every use is made of illustrations when such means serve to bring out more plainly the subject presented. No attempt is made to advise medicines or suggest remedies other than simple means within reach of every household. The book is well arranged to meet the object for which it was written.

*Bacteria, Yeasts, and Molds in the Home.* By H. W. Conn, Ph.D., Professor of Biology in Wesleyan University, Middletown, Conn. 12 mo. Cloth, 293 pages. Illustrated. \$1.00.

Micro-organisms play such an important rôle in home economics, something the nurse is expected to practise, that it is necessary to have some knowledge of the more common aspects of the various conditions which have a practical use in the home. In this book the author presents an important summary of the facts which have rapidly accumulated in recent years concerning the relation of micro-organisms to all matters connected with the home. The work is a popular and not a scientific discussion, free from many technical terms, and admirably adapted to the ends of the housewife and others interested in home economics. Mildew, fermentation, bacterial action in causing decay

of meat and other food, as well as their action in spreading disease, are presented in an interesting and helpful manner. Many practical points in prevention of these conditions are given. Special attention is paid to food preservation. An appendix containing directions for a series of simple experiments on the practical knowledge of the most important properties of micro-organisms adds to the usefulness of the book.



Professor Wilcox's forthcoming *Manual of Fever Nursing* will be a volume of about two hundred pages, and will contain, in addition to a discussion of each of the febrile diseases separately, several important introductory chapters upon the management of febrile diseases in general.

Numerous clinical charts showing the typical temperature curves of the various fevers will be a feature of the work.

The table of contents giving the subjects of the several chapters is appended:

Chapter 1: Fever.—Definition, Causes, Physiology, Types, Lysis, Crisis, etc.

Chapter 2: Fever.—Diagnosis, Thermometer, etc.

Chapter 3: Fever.—General Treatment, Hydrotherapy.

Chapter 4: Fever.—The Nurse, The Sick Room, Its Furniture, The Patient, etc.

Chapter 5: Infectious Fever of Continued Type.—Enteric Fever, Paratyphoid Fever, Weil's Disease, Typhus Fever, Yellow Fever, Influenza, Malta Fever, Mountain Fever, Acute Miliary Tuberculosis, Chronic Pulmonary Tuberculosis.

Chapter 6: Infectious Fevers of Continued Type with Local Manifestations.—Pneumonia, Diphtheria, Acute Articular Rheumatism, Erysipelas, Septicemia, Puerperal Fever, Pyemia, Mumps, Bubonic Plague.

Chapter 7: Infectious Fevers of Intermittent Type with Local Manifestations.—Malarial Fever, Relapsing Fever, Dengue.

Chapter 8: The Exanthemata.—Scarlet Fever, Measles, German Measles, The Fourth Disease of Dukes, Smallpox, Chicken-pox, Epidemic Cerebrospinal Meningitis.

Chapter 9: Thermic Fever.

One of the Results of the Progress of Science—Systematized Knowledge—is.

# The "Allenburys" Series of Infants' Foods.

A Progressive Dietary adapted to the Growing Digestive Powers of the Child.

## Milk Food No. 1

For Infants from birth to three months of age.

## Milk Food No. 2

For Infants from three to six months of age.

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For Infants of six months and upwards, also for invalids and for the aged.

"Our baby, six months old, has cried almost continuously since her birth--was always in misery after nursing, never satisfied, and seemed to be slowly starving. I had plenty of milk, but it could not have been sufficiently nourishing, for when I gave the 'Allenburys' Milk Food, alternately, for two days, she seemed quite contented and was so good! I kept the Food from her for two days and the old troubles reappeared. I then gave the Food again as before and in two days she was all right. I am satisfied that the 'Allenburys' Milk Food is all that it claims to be, and our doctor directs me to continue its use.'"

B. C. ELY, Gould, Ohio.

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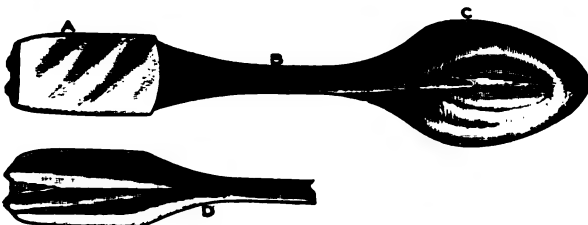
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**Tyree's Antiseptic** Versus Bichloride, Carbolic, etc. None of the objections to corrosive sublimate, carbolic acid and other agents of this class—namely, toxicity, chemical union with albumin, superficial effect only, change to inert compounds, corrosive action upon tissues, harm to metal instruments, injury to the hands, etc., prominent in medical literature are experienced in the use of Tyree's Antiseptic Powder.

**Catarrh** Carbolic acid and alcohol, each ten parts, aqua ammonia twelve parts, and Listerine twenty parts. A two-ounce wide-mouthed bottle is filled one third with this mixture, and enough absorbent cotton introduced to absorb the whole. The bottle is then corked, and is ready for use by inhalation.—*Medical Brief.*

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ing," that they may prove by actual test the truth of the statements made above.

**Influenza and Coughs** We excerpt the following from the *Toledo Medical Compend*, by David E. Bowman, M.D., Toledo, Ohio, Professor of Obstetrics, etc., Toledo Medical College: "Heroin hydrochloride has been so largely used for coughs and respiratory affections that it needs little or no recommendation in this class of cases, but the favorable synergetic action of this drug used with antikamnia is, I believe, not sufficiently appreciated. Antikamnia and Heroin Tablets will be found useful by every practitioner, particularly during the winter and spring months. The antikamnia not only adds potency to the respiratory stimulant and expectorant qualities of the heroin, but it prevents the slight nausea which may at times follow its administration alone."

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**Adrenalin** The writer, Henry L. Elsner, M.D., of Syracuse, N. Y. (*New York Medical Journal*, January 2, 1904), directs attention to the appalling mortality of pneumonia due to the resulting cardiac toxemia. The prime factor in this disease is a toxemia with obstruction in the pulmonary circuit, leading to cardiac asthenia. Marked changes occur in the right half of the heart, with far-reaching degenerative changes in the muscle, heart clots, and vasomotor paralysis.

Three remedies meet the indications presented by the circulatory changes due to paralysis of the vasomotor centers, the dilated conditions of the arteries and the weakened heart. These are strychnine, digitalis, and suprarenal extracts or Adrenalin, its active principle. Adrenalin acts on the heart and blood vessels favorably; it does not act on the vasomotor center. Hence, it may be used to assist strychnine. When the vasomotor center is exhausted and blood pressure study proves the inefficiency of strychnine, Adrenalin may still be administered, and, in some cases which seem unpromising, when combined with the method of stimulation about to be suggested, we may carry the patient beyond the critical period to a safe recovery. Suprarenal extract, or Adrenalin, has seemed to the author to act as a needed food in all infections where there is danger of myocardial degeneration. He reports a case of pneumonia, in a woman, the mother of five children, in whom it had been impossible to raise a continually lowering blood pressure with strychnine. The systolic blood

pressure was almost immediately raised by the repeated administration at short intervals of fifteen minims of a one to one thousand solution of Adrenalin hypodermatically, and the patient was saved.

**An Apology** LAKESIDE PUBLISHING CO.: Gentlemen—Will you please print a notice to the effect of an apology for us? We have received such a very large number of applications for our catalogue this month that the demand was larger than the supply, so that for the first time we have had to keep a large number waiting. Usually, we mail catalogues within twenty-four hours after application. We have no other way of notifying and apologizing to our general public, and trust you will publish something to this effect.

Respectfully,

THE NURSES' OUTFITTING ASSN.,  
131 East 34th Street,  
New York city.

**Coughs** Dr. Chas. Brewer, resident physician to the New Jersey State Prison, says: Being constantly in the treatment of a considerable number of phthisical hospital patients, it is in order for me to state that in the persisting cough, so harassing to the patient, and preceding or accompanying pulmonary hemoptysis or hemorrhage, I have found Glyco-Heroin (Smith) an invaluable remedy, applicable in the vast majority of cases of phthisis, pulmonalis, and far preferable to combinations of morphia or codeia, or any other of the Heroin compounds which I have tested.

Under above conditions, Glyco-Heroin (Smith) may be satisfactorily relied on to answer indications.

I also found this combination exceedingly valuable in the troublesome, dry, so-called stomach cough following la grippe, and supposed to be dependent on irritation of the pneumo-gastric nerve.

**Fountain Pen** The following notice of the Moore's Non-Leakable Fountain Pen, advertisement of which appears in this issue of THE TRAINED NURSE, appeared in the *British Medical Journal*, March 20, 1903:

"We have had the opportunity of trying a fountain pen made by Moore's Non-Leakable Fountain Pen Company, 23 Fore Street Avenue, E. C., for which it is claimed that it can



# Convalescence from Typhoid



In convalescence from typhoid, when the patient's strength is exhausted, his tissues wasted, and a relapse feared if the digestive organs be not spared all unnecessary strain, the physician is often at a loss as to how to feed the patient.

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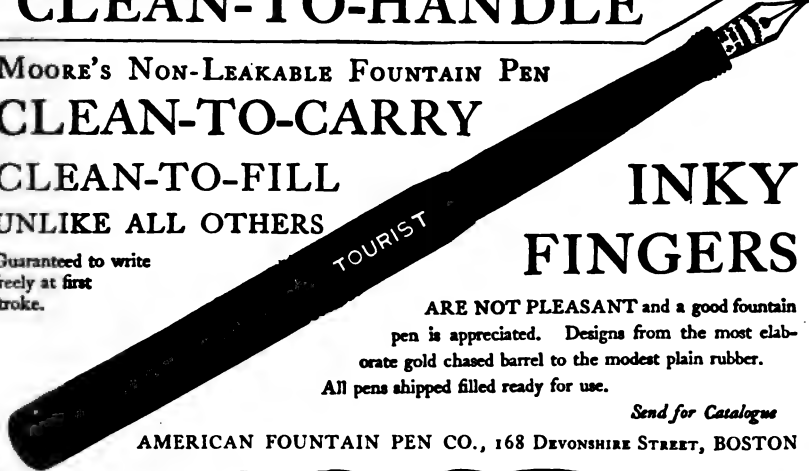
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be carried in any position in the pocket like a pencil case, and will not leak. We have used it in the ordinary wear and tear of work, and can say that the claim appears to be entirely justified by the performance. As will be seen, the cap screws on, which is rather an advantage, and when thus closed the pen may be placed in any position without, so far as we observe, any leakage whatever. When about to use the pen, the cap is screwed off and fitted on to the opposite end in the ordinary way, by giving the thimble, on which the maker's name appears, a slight twisting push, the nib is carried out and the pen is ready for use. The only precaution which it appears to be necessary to take is to keep the pen upright when pushing forward or withdrawing the nib, and to do this gently. The management of the pen can be easily understood from the instructions, and once mastered it is easily manipulated. One sometimes wonders how anybody ever wrote at all before fountain pens were invented, and we are disposed to think that this pattern is the best yet designed."

These pens are especially adapted for nurses' use; they can be easily refilled, and without soiling the fingers, and can be taken to pieces, according to the furnished directions, with no trouble whatever. By an arrangement which is new, the cap can be replaced over the nib in such a way as both to protect the nib and close the ink reservoir; as a consequence the pen can be carried in any position without the risk of leaking.

❧

**Urotropin** "The beneficial action of Urotropin in vesical catarrh, pyelitis, and phosphaturia recorded by so many authors and ascribed to the disinfectant action of the formalin separated from it in the urinary passages, induced me to use Urotropin in scarlatina to prevent the advent of nephritis. For it is probably correctly assumed that the latter is due to the as yet undetermined scarlatinal microbe or its toxins; and an efficient antibacterial agent applied to the site of the infection may inhibit the pathological changes that mark the renal affection.

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onset of the disease; and the same doses were given at the beginning of the third week, when nephritis most commonly occurs. Children from 1 to 15 and an adult of 21 were treated in this way. The remedy was always well borne. I have not seen nephritis occur in a single case, although it is the most common complication of scarlatina."—By Dr. J. Widowitz, Graz, Austria. Abstracted from the *Wiener klinische Wochenschrift*, October 1, 1903.

❧

**Gude's Pepto-Mangan** If we look over the field of preparations launched upon the market, claiming to be "just as good," "just the same," etc., and now relegated into oblivion, we will find their name is legion. Since its introduction to the medical profession of America, many manufacturers through their representatives have heralded competing products as possessing wonderful medicinal properties. They were tried, found wanting, withdrawn from the market, and to-day find a resting place in some upper loft, labeled Deadstock. "Gude's" has stood the test of clinical investigation in both private and hospital practice; moreover, it has been before the profession during the last twelve years, and during this period has steadily grown in favor.—Editorial from the *Medical Examiner and Practitioner*, December, 1903.

❧

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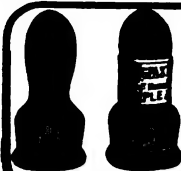
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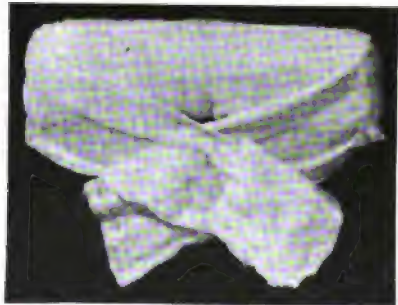


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## The Trained Nurse and Hospital Review

An Institutional Journal Representing the Hospitals of  
the Country and the Nursing Profession.

Conducted by  
ANNETTE SUMNER-ROSE

NEW YORK :  
LAKESIDE PUBLISHING COMPANY  
PUBLISHERS

(Published Monthly.)

NEW YORK OFFICE—Metropolitan Building.

BOSTON OFFICE—With Old Corner Book Store,  
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has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

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The Editors and printers will greatly appreciate the courtesy of having all manuscript typewritten; or, if this is impossible, clearly written, great attention being given to proper names and medical terms.

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Every nurse should secure the generous samples, literature, etc., offered.

# The Trained Nurse and Hospital Review

Vol. XXXII

NEW YORK, MARCH, 1904

No. 3

## What Is Your Highest Motive?

Frances M. Quaife

Superintendent Touro Infirmary Training School for Nurses, New Orleans, La.

**A**N EDUCATION falls short of its purpose unless it inspires to high ideals along with the acquisition of practical technical knowledge. You are studying the details of the art of nursing. You know how to work. Look into your hearts and see what is your highest motive. What is to be the inspiration? Every hero is the creation of his own ideals, plus opportunity. We honor brave deeds because they may be a realization of our own aspirations. A man saves a life by an impulsive act of bravery. He simply obeys heroic instincts. Dreams of heroism, such as fill the fancy of every man's character, develop in his nature an instinct that compels him, under all conditions, to do the courageous thing. He cannot act cowardly. Opportunity to do heroic deeds is not given to all. Physical feebleness may handicap a brave spirit. Heroism becomes latent, and every heroic fancy and high moral resolve contributes to make nobility of character.

The visions of brave doings that spring up in the mind of woman have less of the spectacular in them, but they have a consistent courage. Woman is not so liable as man to be spoiled by indiscreet hero-worshippers. Her work has in it an element of patient sustained effort involving great self-sacrifice, but it does not evoke popular applause. Much of her life is spent in masterly inac-

tivity, accumulating reserve force in preparation for a period of masterful activity. The apparent monotony of the purely domestic life is not endured in vain, if it is utilized in preparation for that most exhausting of all work, nursing the sick. Reserve strength makes sustained effort possible, and woman's courage subdues physical grief in herself as well as in the sick one.

The annals of nursing are illuminated with the brilliant achievements of women of very ordinary physical strength, but of irresistible determination, moved by the genius of the art and inspired by lofty ideals.

The story of the work of the first organized corps of field hospital nurses has had a profound influence in developing the most heroic phase of the calling. It is pathetic, and yet the glorious result of initiating woman to her proper place in ameliorating the suffering of soldiers in service is compensating.

The Crimean war had begun. England had sent out shiploads of men to the Black Sea to engage in war with Russia. Little thought seemed to have been taken, in the hurry and enthusiasm of war, to make proper provision for the men in camp and hospital. A correspondent writes: "It is now pouring rain, the skies are black as ink, the wind is howling over the staggering tents, the trenches are turned into dykes, in the tents the water is sometimes a foot deep, our men

have neither warm nor waterproof clothing, they are out for twelve hours at a time in the trenches, they are plunged into the inevitable miseries of a winter campaign, and not a soul in authority seems to care for their comfort or even their lives. These are hard truths, but the English people must hear them. They must know that the wretched beggar who wanders about the streets of London in the rain leads the life of a prince compared to the British soldiers who are out fighting for their country."

Such was the appeal that aroused the English nation, and Florence Nightingale, with thirty-four nurses, went to the front. As this band of women passed through France hotel-keepers would take no pay for their accommodation; poor fishermen at Boulogne struggled for the honor of carrying their baggage to the railway station.

Arriving at Scutari, they found in the Great Barrack Hospital about four thousand men, clothing ragged and filthy; wounds undressed for days or even weeks; no invalid food or convalescent department. The corridors were filled with two rows of mattresses so close that two persons could scarcely walk between them. Many of the poor fellows wept, as for the first time in months, even years, a woman's hand had adjusted their pillows, and a woman's voice soothed their sorrows. Four thousand sick and wounded to be cared for! Fever and cholera were epidemic among them. Imagine the tremendous task of establishing and conducting an invalids' kitchen, a laundry and linen and mending department, assisting surgeons at operations and dressings, and bestowing the little comforting attentions which only a woman can give.

For a year and a half this work went on. Wherever there is a disease in its most dangerous form, and the hand of the Destroyer distressingly nigh, there is that incomparable woman to be seen; her benignant presence is an influence for good comfort even amid

the struggles of expiring nature. She is the ministering angel in these hospitals, and as her slender form glides quietly along each corridor every poor fellow's face softens at sight of her. When all the medical officers have retired for the night, and silence and darkness have settled down upon these miles of prostrate sick, she may be observed alone, with a little lamp in her hand, making her solitary rounds.

The moral influence of her presence was potent because she acted in response to the highest ideal. She transformed the Barrack Hospital from a den of despair and death to a hospital of hope and health. "Before she came there was cussin' and swearin', and after that it was as holy as a church," writes one soldier.

This is a type of heroism that opportunity fosters but rarely, or, it were better said, that the world does not often have opportunity to pay homage to such self-sacrificing devotion as actuated the Angel of Crimea and associate nurses. At that time it had a decided influence in popularizing the art and dignifying its most ordinary detail. Miss Nightingale writes: "Nursing is an art, and it requires as exclusive devotion, as hard a preparation as any painter's or sculptor's work; for what is the having to do with dead canvas or cold marble compared with the living body, the temple of God's spirit? Nursing is one of the fine arts; I had almost said the finest of fine arts."

The qualifications of a nurse are not mere physical strength, watchfulness, and tenderness. More than these, which may be held to be elementary, are the buoyancy of spirit, the firm, cheerful courage, the directive capacity, and constant receptivity to the higher spiritual currents of thought. It is in these that the nurse communicates the life-giving touch.

All of these beautiful sentiments are sincerely applied to an art, the service of which was not very long ago regarded as menial.

What influences have worked the transformation? Born of maternal affection, it concerns the home. Fostered in the religious atmosphere of the convent hospital, it has imbibed a high moral tone, the most rigid self-discipline and exemplary patience. Field-service in time of war added a touch of heroism and aroused the generosity and enthusiasm necessary to establish public training schools. Conscientious application to the task of selecting and educating by hospital officers and the medical staff, and creditable service by graduates; through all of these influences woman has created and perfected a new occupation in her sphere and elevated it to a place in the most humane profession—Medicine.

A tactful understanding of human nature and a proper conception of disease are important in that it will lessen the petty annoyances, and add zest to the intellectual character of the work. Human nature cannot be taught. It must be experienced. Approach it with sympathy and the study of it will become one of the most enjoyable pleasures of your calling.

Do not regard disease as an evil entity or cause. Consider with charity the features of sickness which are the result of perverted instincts. It is impossible to determine, in all cases, the limit of moral responsibilities. Abnormal appetites and uncontrollable outbursts of passion may be dependent on a diseased condition. Keep constantly in mind that your function, like the physician's, at the bedside, is that of an aid to the inherent vitality and health-restoring forces of nature. The sickness that ties the soul may consume the dross that has tarnished a pure and noble character, and your presence as an ally to the better part of the man may link you in grateful remembrance with the best influences of the changed life.

Medicine was truly a profession when it was a labor of love. We owe to the physicians of the Middle Ages the preserva-

tion not only of its archives, but the enchantment of its ethical character.

To-day Medicine is a higher art and is much more scientific, but the truly professional spirit is in part supplanted by commercialism. Other influences are constantly at work. The advent of the trained nurse as a helpmate to the physician has not only materially advanced the art, but it has a refining effect. Medicine is the more human for woman's share in it. And further, the nurse trained in institutions where charity is the motive can bring into her work those very features which have won for medicine the appellation, "The Noble Profession." It is the characteristic of the humane profession that its best work cannot be exploited before the public. Its highest rewards are not of worldly nature, but of divine approbation. The unwritten history of nursing as an art is its real history. The world can never know of the lives of quiet devotion in bedside service which have infused nursing with that spirit of heroic patience.

The first sentient mother was the first nurse. The maternal love is the life-saving power in the home. The hospital represents in a manner vastly more potent the same health-giving influences. Its sick are like a great family. As a home for the homeless sick, it holds the highest respect of the community, and the affections of those who have experienced its beneficence. As a school of training, it teaches a noble art. There is no better education for the mind and heart than medicine and its associate art, nursing.

Medicine and all that pertains to it as a profession is serious; but don't take yourselves too seriously. You will overlook a great deal of enjoyment, and age prematurely, unless you allow a sense of humor to come into your life. Cheerfulness is contagious. Dispense it freely. Let not the quality of it be strained. "It is twice blessed. It bleaseth him that gives and him that takes."

## The Tuberculosis Exposition in Baltimore

John B. Huber, A.M., M.D.

**T**HIS exposition has now passed into history. It was so successful and accomplished so much, both directly and indirectly, that it is to be hoped other expositions will follow it in other communities. It was, as the program stated, "an objective presentation to the people of Maryland of the history, distribution, varieties, causes, cost, prevention and cure of tuberculosis."

There was a logical order to this exposition. It began with statistics, presented generally by charts, instead of dry figures. The pre-eminence of consumption among causes of death, its relations to other diseases, to race, age, sex, occupation, heredity, marriage, food and drink, dwellings, wages, insurance, and many other data were set forth. There were nearly one hundred charts.

The immediate causes of death in tuberculosis were given by means of a circle, about 150° of which represented asthenia, 10° hemorrhage, 3½° pneumonia, 3½° kidney complications, and 3° peritonitis. The nurse may note here the small percentage of deaths due to hemorrhage. This factor, of course, requires all the nerve and the emergency ability of the nurse while it lasts; but generally, when such ability is displayed, the patient recovers from the effects of the hemorrhage.

Naegali's now famous autopsy report was graphically presented. He found that in examining the bodies of a great number of people who died from all sorts of diseases, ninety-eight per cent. showed evidences of the previous activity of the tubercle bacillus. Practically all of humankind are therefore more or less tuberculous, or, as the Germans have it, "Jeder Mensch hat am ende ein bischen tuberculose." This should demonstrate also that, if we go about it in the right way, we may expect to cure most of our cases of con-

sumption. We may note here that the terms tuberculosis and consumption are not exactly synonymous. When the bacillus of Koch takes firm hold upon any particular tissue, a tubercle forms about it, and this is tuberculosis. When the process has got to the stage where the fever, the rapid pulse, the physical signs, the emaciation and the other characteristic symptoms are manifested, the term consumption is used. This, however, is a distinction for the laity. To us, who have to do with disease scientifically, the term tuberculosis should comprehend the whole disease.

There was this table, representing Baltimore "street car spitters":

- 248 car rides.
- 3,156 passengers.
- 994 separate deposits of sputa.
- 4 sputa per car.
- 41 crowded cars.
- 125 counted deposits.
- 3 sputa per crowded car.
- 49 wet cars.
- 52 crowded sputa on wet cars.
- 1 sputum per car.
- 90 cars crowded or wet.
- 177 counted sputa.
- 2 sputa on crowded and wet cars.
- 158 cars neither crowded nor wet.
- 817 separate deposits.
- 5.17 per car.
- 30 times spitting witnesses.
- 2 conductors seen to spit on car.
- 5 motormen seen to spit on car.

Pools are counted as one deposit.

Motormen are depositors of pools.

Factory, tenement-house and sweat-shop exhibits from a number of cities came next. New York city easily led this grewsome procession. The work done by organized charities and by voluntary associations in various parts of this country and Canada was set



forth. The exhibit of state and municipal prophylaxis was a most refreshing one. It indicated that an enormous amount of work has been accomplished, and that a great deal is being done to eradicate the disease. The Charity Organization Society of New York city made a particularly forceful presentation. This portion of the exposition must surely have interested the nurse fortunate enough to see it. For the nurse nowadays, in the cities at least, is beginning to play a most important part in preventive medicine. Being engaged by various associations, or by the health authorities, she goes into homes where tuberculosis exists or is suspected, explains the methods of avoiding infection, the disposition of the sputum, the need of cleanliness in the household, the infectious nature of the disease, and the ease with which such infection can be avoided, and the encouragement of physiological living, so that predispositions to consumption may be counteracted.

The exhibit of sanatoria was a truly splendid one. New York State, the West, our Army and Navy, Canada (especially Muskoka), England and the Continent were all represented. There were photographs of sanatoria situated in wooded groves, upon hillsides, upon plains with snow-capped mountains in the distance, and upon Alpine peaks, so snow-surrounded that it was not easy to distinguish the building. Then there were cottages snugly imbedded in the midst of luxuriant foliage, and one-room structures so snowbound as to look like Eskimo huts. There were buildings of massive stone, of wood, of part wood and part canvas, shacks and simple tents. The continental buildings were of all the most elaborate and the most expensive. These represented the idea of having the sanatorium comprised, for the most part, in one huge building, in contradistinction to the cottage plan which obtains in America. Weickler's institution at Goerbersdorf was shown most picturesquely

placed in the midst of a densely wooded region. The Dettweiler sanatorium, with its auxiliary buildings and pavilions, surrounded by greenwood trees, looked like a picture out of the Arabian Nights, and the Brehmer sanatorium appeared a truly magnificent and splendidly conceived building, much more costly, I understand, than any similar structure which we, with our resources vastly preponderating over those of Germany, can boast of.

A most valuable exhibit, again from the nurse's point of view, was the demonstration of home treatment for the consumptive. This is, after all, the plan which must be applied to most cases. For if the race is ever "to down" this disease, the result must be brought about by sanitation in the individual home, the unit of our civilization. And the most effective missionary must be the nurse. It was shown how the roof, the fire-escape in the tenement, and the veranda in the country house could be utilized for fresh air treatment. All sorts of receptacles for receiving sputum were shown; tents, shacks, outdoor beds and cots, protected chairs with rests for warming pans at the feet, comfortable outdoor coverings of various designs, methods of keeping milk pure, etc., etc. The cost of things was given. A tent of two beds, for instance, the dressed lumber and shingles of which cost \$56, the canvas of which cost \$14, and the labor \$18, in all \$88.

In one place a specimen room for the consumptive was shown. Its esthetic and very wholesome appearance appealed even to my unemotional masculine eye. The floor was of hard wood and there was just rugs enough to give an appearance of comfort. There was a Morris chair, well cushioned; also cane bottomed chairs, a dressing table, neatly covered with thin, clean linen, upon which were placed irons for "frizzing" appliances for doing up the back hair, and other mysterious paraphernalia essential to the feminine toilet; a sofa with pillows (none of them

plush); a brass bedstead, over which by means of a stand was a tray with dishes containing an appetizing meal; a small stand by the bed, having upon it a book, a clock, etc.; a scrap basket, a washstand, with tooth and nail brushes, a mouth wash, a thermometer resting upon clean, absorbent cotton in a glass, towels, etc., and a few simple pictures of a restful character, such as sheep, landscapes, and the like.

A visiting nurse's kit was shown. This was a bag containing scissors, forceps and artery clamps, bichloride tablets, green soap, nail brush, a hypodermic syringe, a thermometer, safety pins, matches, a sputum cup, paper napkins, a medicine glass, a drinking cup, a chart and circulars for the instruction of consumptives. The Committee on House to House visiting were Miss Adelaide Nutting and Miss Reba Thelin, of Baltimore. I make no doubt but what these ladies would give further information concerning the nurses' exhibit to those who should write.

There was a good deal of literature distributed about the halls. I shall reproduce here such as I think will interest the nurse:

"A death roll of tuberculosis:

"Maria Constantinova Bashkirtseff, Zanier Bichat, Henry Cuyler Bunner, Frederick Francois Chapin, Stephen Crane, John Godman, John Paul Jones, John Keats, Rene Theophile Hyacinth Laenac, Sidney Lanier, Jules Bastien-Le Page, Ethelbert Nevin, Henry Purcell, Elizabeth Felix Rachel, Friedrich Schiller, John Sterling, Laurence Sterne, Robert Louis Stevenson, Henry Timrod, Carl Maria von Weber, Artemus Ward, Henry Kirke White."

"Alcoholism lays the foundation of tuberculosis."—*Landouzy*.

"The disease which proved most dangerous and produced the greatest number of deaths was consumption."—*Hippocrates*.

"The consumptive himself is almost harmless, and only becomes harmful through bad habits."—*Cornet*.

"Death has not only particular stars in heaven, but malevolent places on earth, which single out our infirmities and strike at our weaker parts."—*Sir Thomas Browne*.

"A provident man foreseeeth the evil and hideth himself; but the simple pass on and are punished."—

"To wilful men, the injuries that they themselves procure must be their schoolmasters."—*Shakespeare*.

"Whilst meagre phthisis gives a silent blow;  
Her strokes are sure; but her advances slow.

No loud alarms nor fierce assaults are shown,

She storms the fortress first, then takes the town."—*Garth*.

"We must care for the consumptive in the right place, in the right way, and in the right time, until he is cured; instead of, as now, in the wrong place, in the wrong way, at the wrong time, until he is dead."—*Pryor*.

"The essentials in the home treatment of consumptives in small towns, country places, and suburbs of large cities are:

"1. The confidence of the patient.

"2. The masterful management on the part of the doctor.

"3. Persistence. Benefit is usually a matter of months; complete arrest a matter of years; absolute cure a matter of many years.

"4. Sunshine by day; fresh air by night.

"5. Rest while there is fever.

"6. Breadstuffs and milk, meat and eggs."—*Osler*.

"How should we combat bad sanitary conditions in houses:

"1. By an educational health campaign in the homes, carried out by the Board of Health and a staff of trained visitors.

"2. By a compulsory notification of cases in all cities.

"3. By enlarging the powers of health boards so as to deal efficiently with the question of disinfection of the houses occupied by tuberculous patients.

"4. By attention to housing of the poor, proper control of tenements, and the regulation by law of the number of persons in each house.

"5. By placing upon the landlord the responsibility of providing, under the control of the board of health, a clean, wholesome house for a new tenant.

"6. By the wholesale condemnation of unsanitary streets and blocks, and the rebuilding of them by the municipality."—*Osler*.

I will close this paper with a description of the consumptive. It was written by Aritaeus the Cappadocian, about the time of Hippocrates, twenty centuries ago, and it cannot be improved upon in the present day. I found it in the rich literature of the subject which was set forth in Baltimore; here it is:

"Voice hoarse, neck slightly bent, tender, not flexible, somewhat extended fingers, slender, but joints thick; of the bones alone the figure remains, for the fleshy parts are wasted; the nails of the fingers crooked; the pulps are shriveled and flat, for, owing to the loss of flesh, they neither retain their tension nor rotundity; and, owing to the same cause, the nails are bent, namely, because it is the compact flesh at their points which is intended as a support to them; and the ten-

sion thereof is like that of the solids. Nose sharp, slender; cheeks prominent and red; eyes hollow, brilliant and glittering; swollen, pale or livid is the countenance; the slender parts of the jaws rest on the teeth, as if smiling, otherwise of a cadaverous aspect. Is also, in all other respects, slender without flesh; the muscles of the arms imperceptible; not a vestige of the mammæ; the nipples only to be seen; one may not only count the ribs themselves, but easily trace them to their terminations, for even the articulations of the vertebræ are quite visible; and their connections with the sternum are also manifest; the intercostal spaces are hollow and rhomboidal, agreeably to the configuration of the bone; hypochondriac region lank and retracted; the abdomen and flanks contiguous to the spine; joints clearly developed, prominent, devoid of flesh; so also with the tibia, ischium and humerus: the spine of the vertebræ, formerly hollow, now protrudes, the muscles on either side being wasted; the whole shoulder blades apparent like the wings of birds. If in these cases disorder of the bowels supervenes, they are in a hopeless state. But if a favorable change takes place, symptoms the opposite of those fatal ones occur."

**Filthy Money** A bill is now before Congress, the purpose of which is to do away with the filthy money so often found in circulation, and which is a danger to the community. The *Philadelphia Ledger* makes the following editorial comment on this: "A million or two of bacteria are carried in the pocket of nearly every one who possesses an old dollar bill, but a man who refuses a note because it is filthy is regarded as too eccentric for the transaction of business.

We are all so eager to seize money in whatever form it appears that we do not wait to disinfect it. We boil suspected water, but we cannot boil our money. Possibly, long contact with infected money has made some of us immune; but even if there be no peril in the rags that are "legal tender," clean or unclean, the public is entitled to have decent bills. In some portions of the country a respectable looking bank note is a curiosity."

# Fever Nursing\*

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(Continued from February.)

## *Treatment of Symptoms Referred to the Organs of Special Sense.*

The care of the tongue has been described in the section on mucous membranes.

*The nose.*—The dryness and excoriations of the nostrils may be prevented by anointing these parts with albolene or olive oil, and the crusts which collect inside the nose may be softened and removed by swabs fashioned from toothpicks and bits of cotton and dipped in any of the alkaline solutions mentioned below. The patient should be encouraged to blow his nose, and additional cleanliness may be secured by the use of the hand bulb atomizer filled with an alkaline spray solution, such as listerine or glycothymoline diluted one part to four or six of water. A necessary precaution in this process is not to allow the patient to blow his nose for some moments after the use of the spray, otherwise bits of the secretion may be forced into the eustachian tubes, and inflammation of these and consequent middle-ear disease may be caused.

*The ears.*—The increased acuity of hearing which may be present in fevers may be rendered less distressing by insisting upon quiet in the house, and especially in the sickroom. A ban should be put upon loud conversation, but attendants should converse in a low tone, since whispering frequently is extremely irritating to the patient. If there is much traffic about the house it is often wise to cause the pavements to be strewn with tan bark. The patient should be frequently questioned as to the presence of pain in the ear, and such an occurrence should

be immediately reported to the physician. Such pain may be relieved by hot applications to the organ, by poultices around (never over) it, or by careful syringing with warm water. It may become necessary to puncture the drum membrane in order to drain the tympanic cavity. This should be done only by the physician. When there is discharge from the auditory canal, cleanliness may be attained by syringing or by mopping with small cotton swabs moistened in weak antiseptic solution.

*The eyes.*—Increased sensitiveness to light may be rendered less annoying by screening the patient's bed. This is preferable to darkening the apartment, for sunlight in a sickroom is a necessity. At night the room should be dimly lighted and the lamp so shaded that its rays do not fall directly upon the patient. If there is tendency to dryness of the eyelids these should be moistened with warm boric acid solution (full strength or half saturated). When there is tendency to increase of secretion and the lids stick together, the same agent may be used, or the edges of the lids lightly smeared with albolene or olive oil. The eyes should not be used during the illness and only to the slightest extent during convalescence. This is especially to be remembered in the care of cases of measles.

## *Feeding in Febrile Disease.*

The diet of patients suffering from fever must be one consisting of food that will be easily digested, and at the same time keep up the bodily nutrition. All food should be given in liquid form and should be of such

\*From advance sheets of "A Manual of Fever Nursing," based upon lectures delivered at the St. Mark's Training School, by special permission to THE TRAINED NURSE AND HOSPITAL REVIEW.

character as to furnish as much nourishment for its volume as possible.

The objects to be attained in the dietetics of fever are:

(a) To supply nutriment sufficient to compensate for the tissue consumed.

(b) To give nourishment which will leave as little undigested residue as possible, and which will not disturb the weakened organs of digestion.

In fevers with remissions of temperature it is best to give the largest amount of food while the temperature is down, for at this time the digestive and assimilative powers are best able to do their work.

Milk, since it offers the greatest amount of nourishment for its volume, would seem the ideal food, but it has its disadvantages. Of these, the most important is that it is likely to coagulate in large curds in the stomach, which cause distress and are not easily acted upon by the juices of digestion. This fault may be obviated in various ways. The milk should be administered slowly, so that if curds are formed, there will be a number of small ones, rather than a single large one; by dilution with various carbonated waters, or by partial predigestion by peptonization (for which peptonizing tubes and full directions may be obtained from the apothecary), the milk may be so prepared as to avoid disturbance from this cause. Kumyss (a milk which has undergone alcoholic fermentation) or matzoon (milk which has undergone lactic acid fermentation) are well borne by many patients who object to or are distressed by milk.

After milk in nutritive value in fevers, come the different liquid preparations of meat—meat juice, soups, broths, and the like. Soups and broths contain much less nutriment than milk, but on account of the high temperature at which they are usually taken, and on account of the salts which they contain, they possess certain stimulant properties which render them useful. Patients

quickly tire of them, but by flavoring them with the different vegetable extracts, celery, onion, and the like, they may be made less monotonous. The vegetable purees may be employed; these are prepared by thickening pure soups with powdered rice, arrowroot, or flour.

In mild cases of fever, and in those of only short duration, with little digestive disorder, the patient may be allowed the various semi-solid foods, such as oatmeal, arrowroot, or barley gruel, mild toast, meat jelly, soft boiled eggs, and the like.

Many patients insist that they cannot take milk, but most of these will find out their error if the nurse will exercise tact and gentle persuasion. It may be rendered palatable in various ways—for instance, by the addition of half an ounce of strong coffee to each glass, or in the form of junket, which may be flavored with a little sherry or nutmeg. Matzoon, kumyss, and the various proprietary foods, malted milk, Mellin's food, etc., should be tried, if milk really is impossible, and if these prove distasteful we must fall back upon the soups and gruels above mentioned. A diet of vegetable gruels alone will not provide sufficient nourishment, consequently these must be supplemented by egg-albumen, gelatin and broths. Eggs may be allowed; these are most digestible when raw or only slightly cooked. They may be taken beaten raw with milk, with or without a little brandy, or the yolk alone may be beaten with hot milk or water, or with sweetened hot tea. The eggs should never be boiled, but should be placed in water that has been boiling and allowed to stand for a quarter of an hour; this process cooks them slightly, and an egg thus prepared may prove acceptable to patients to whom the idea of a raw egg is unpleasant.

Gelatin in meat, wine, or fruit-juice jelly, or in the form of blanc-mange which may be variously flavored, is often agreeable. These jellies must be given in connection with other

foods as they contain little nourishment in proportion to their volume.

Plain ice-creams, preferably flavored with vanilla, are allowable.

#### *Beverages in Febrile Diseases.*

In all fevers the liberal use of water, either plain or flavored with lemon juice, is necessary. It not only mitigates the thirst, but acts as a diuretic and aids in "flushing" the system through the kidneys. Patients in the later stages of fevers, who are unable to ask for it, should be regularly given water, in sufficient quantities, by the nurse. Lemonade, if preferable to water, should be not too sweet, and if the patient desires, may be made with any of the carbonated waters. The juice of squeezed fruit strained, and either clear or diluted with water, is often well borne. It contains some nutriment, and is slightly laxative. Barley or oatmeal water, plain or sweetened, and flavored with fruit juices, is often palatable. In the milder fevers, tea or coffee, once a day, will do no harm, but if there is difficulty in sleeping, nervousness, or indigestion, these should be interdicted.

The nurse should remember that thirst is much more thoroughly assuaged by sipping than by taking considerable quantities at one time. The patient may be allowed to choose the temperature of his beverage, for he is much more likely to take the necessary quantity of fluid if this privilege be granted. Too much cold liquid in the stomach may cause indigestion or cramps, but these may be avoided by giving small quantities at a time.

#### *Diet in Convalescence.*

Patients who have passed through a protracted and severe illness should exercise great care in coming back to ordinary diet, for any alimentary disturbance may cause a rise in temperature and other untoward symptoms; consequently a gradual return to solid diet is advisable.

Often the first solid food allowed is a sandwich of dry toast or zwieback and scraped beef or minced chicken; later the variety may

be increased by the addition of soups thickened with rice, barley, vermicelli, or noodles. The various cereals, plain custards and stewed fruits may be added in succession.

Below is given a diet list for convalescents from ordinary febrile diseases. Such a list must be greatly modified for typhoid fever patients, or those who have suffered from other fevers which especially affect the digestive system:

#### *First Day.*

Breakfast. Soft boiled egg, zwieback, cocoa.  
Luncheon. Egg-nog.  
Dinner. Bit of breast of chicken, slice of dry toast.  
Luncheon. Cup of hot bouillon.  
Supper. Scraped beef sandwich, lemon jelly, glass of milk.

#### *Second Day.*

Breakfast. Poached egg on toast, cocoa.  
Luncheon. Cup of junket.  
Dinner. Puree of potato soup, crackers or zwieback, rice pudding with cream.  
Luncheon. Milk punch.  
Supper. Milk toast, wine jelly, cup tea.

#### *Third Day.*

Breakfast. Egg omelette, roll, coffee with cream and sugar.  
Luncheon. Hot beef broth.  
Dinner. Lamb broth with rice, bread and butter, a little vanilla ice cream.  
Luncheon. Cup custard.  
Supper. Half dozen raw oysters, crackers, junket, cup of tea.

#### *Fourth Day.*

Breakfast. Baked apple with cream, oat meal or other cereal, with cream and sugar, soft egg, dry toast, coffee.  
Luncheon. Chicken broth.  
Dinner. Puree celery soup, crackers, broiled lamp chop, mashed potato, wine jelly.  
Luncheon. Cup of junket.  
Supper. Scrambled eggs, dry toast.

#### *Fifth Day.*

Breakfast. Orange, cereal with cream and sugar, coffee or cocoa, roll and butter, poached egg on toast.  
Dinner. Half dozen raw oysters, consommé with vermicelli, small piece of tenderloin steak, creamed potatoes, vanilla ice cream, or lemon ice.  
Supper. Creamed toast, baked apple with cream, cup of tea.

# Contagious Diseases

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(Continued from February)

*Smallpox or Variola.* It is an acute contagious fever characterized by a sudden onset, vomiting, lumbar pains and eruption. It is at first papular, then vesicular and finally pustular. The fever, which is marked by remissions, beginning with the advent of the eruption and lasting till the latter becomes pustular. The poison of smallpox is extremely tenacious. It may remain latent in the clothing or other fomites for years and then be capable of exciting the disease. The poisonous matter is contained in the pustules and all excretions of the body.

Unless protected by vaccination, or previous attack, nearly every one is susceptible, from the aged to the child in utero.

There are four varieties; discrete, confluent, malignant and varioloid. In the discrete variety the disease usually begins with a chill or series of chills, followed by vomiting and intense lumbar pains. The fever rises rapidly, reaches its maximum,  $104^{\circ}$  to  $105^{\circ}$ , in forty-eight hours, and continues high until the third and fourth days, when it falls several degrees, this remission lasting until the seventh or eighth day. That is the time of pustulation when it rises again. This secondary or suppurative fever shows marked fluctuations; its height proportioned to the number of pustules, and falls by lysis about the eighth day of the disease.

Pulse full and rapid, about 120 to 140; respirations hurried, skin dry, bowels are usually constipated. Urine is scanty and often albuminous. The eruption

appears about the third or fourth day. Small red spots are noticed on the forehead, face and wrists. These are rapidly converted into smooth red papules which feel like shot under the skin. The eruption rapidly spreads over the entire body; about the third day the papules are converted into clear vesicles which present a depression or umbilication at their summit. In two or three days the vesicles are gradually converted into pustules. The latter soon lose the umbilicated appearance. The skin is edematous, so that the body is swollen and the features unrecognizable. In three days the pustules dry out or break and form soft yellow crusts which exhale a peculiar, offensive odor. They adhere to the skin for a week or more. When the scales fall off scars, or pock marks, generally remain, leaving a permanent deformity. At the beginning of the disease, before the eruption appears, either a bluish or red blush or the macular rash is often observed on the inner side of the arms and thighs.

*Confluent Smallpox.* The papules are abundant and soon coalesce. The extremities are swollen and painful. The secondary fever is high and irregular.

True pox nearly always develops in the air passages and gives rise to a copious fetid discharge from the throat and nose, with hoarseness, a cough, delirium, stupor and subsultus.

If the patient recover it is after a tedious convalescence with great disfigurement and often defective vision and hearing.

In the malignant type the disease is

ushered in with high fever, lumbar pains, great prostration. Soon ecchymosis appears on the skin, and bleeding from the mucous membranes; death results before the true rash appears. In other cases the disease advances to the ordinary smallpox up to the pustular stage, then the pustules become effused with blood, and bleeding from the mucous membranes follows.

*Varioloid* occurs in persons who have been previously protected by vaccination. The symptoms are mild. The eruption resembles that of common smallpox but is usually very scant. The secondary fever is absent. The eruption appears early and it lacks the inflammatory condition and is not umbilicated.

Every precaution should be taken to prevent the spread of the disease. Other members of the family should be vaccinated at once. The rooms should be cool and well ventilated. Light diet. Free use of water and lemonade should be encouraged. The intense lumbar pain should be relieved by applications of hot water bags. The throat should be sprayed with some antiseptic solution. The eyes should be kept clean by being washed with boracic acid solution. High fever may be controlled by cold pack or cold sponging. To prevent the pitting the room should be darkened and the exposed parts covered with cloths, soaked in diluted carbolic acid solution, or bichloride of mercury, or with masks upon which there has been spread some simple ointment, as one of mercury or zinc. When the lesions are deeply seated there is no means of preventing pitting. By the use of warm baths the separation of the scales may be facilitated.

*Varicella* or *Chicken-pox* is an acute

contagious disease of short duration characterized by slight fever, discrete vesicular eruption, which disappears in one or two days by dessication, and occurs, generally, in children, but adults are not exempt. One attack generally protects from others. It bears no relation to smallpox. The period of incubation is from one to two weeks. The symptoms are slight fever, the appearance of vesicular eruption within the first twenty-four hours. The vesicles appear in crops over two or three days. They are superficial and not umbilicated, lacking the red areola, which is seen around the vesicles of variola. They rarely become pustular and scars form only occasionally. The duration is about a week.

Treatment is rest in bed, light diet, application of some sedative lotion or ointment to allay the itching, and to prevent scratching.

The value of vaccination as a means of protection against smallpox was first made known to the world in a paper published by Edward Jenner in 1798. The recent vaccination gives almost complete immunity from variola. Vaccination is induced by inoculating the arm with the fresh virus obtained from the udder of a calf suffering from cowpox (bovine virus), or from the vesicle of a patient who has been already vaccinated (humanized virus). The former is more preferable on account of its being easily obtained and freedom from any hereditary disease.

The first vaccination should be about the third month, the second at the seventh year, and the third at puberty. It should be repeated when smallpox is prevalent.

To vaccinate a patient the arm or leg should be rendered aseptic and the skin



scratched with a *bistoury* or needle, or with an ivory point containing the lymph until the serum begins to ooze. Then the virus should be carefully worked in. The spots should be carefully protected from the clothes until thoroughly dry.

I have tried to give you the principal symptoms of eruptive fevers and I want to now explain to you a little more thoroughly how to isolate patients, and what precautions to take in disinfecting their clothes. It does not seem necessary to say much about the qualifications of a nurse. It is assumed that she should be in good health, and of moderate physical strength, scrupulously neat in person and attire. She should be watchful, orderly, of moderate speech, both in kind and quantity, gentle, always, firm when need be. That she be well trained in her work and love it for its own self, and that she should have enough spirit of conscience in her to be absolutely truthful and direct in reporting the phases of the case and carrying out the directions of the physician. The more tact and common sense shown the better. The nurse should realize first of all the necessity of keeping herself in perfect health, as in nursing contagious diseases the strain upon her powers of endurance is very serious. It is a duty to herself to carefully observe hygienic measures necessary to the preservation of her own health. The danger of contracting a disease will be diminished by attention to rules which are derived from the fact that the cause of the fever is in every case an actual substance capable of transmission in various ways, and from person to person.

And now the most important of these rules to be observed in all cases of fever are the following: Ventilate the sick-

room thoroughly and continuously. Direct draughts and extreme reduction of the temperature of the room to be avoided. (But fever patients are little liable to take cold.) The free access of pure air is not only desirable in itself but it also means the expulsion of the foul air from the room, together with innumerable particles of dust to which adhere germs of disease thrown off from the body of the patient. Remove from the sickroom all the unnecessary furniture. If the carpet is not removed it must be covered with linen and sprinkled freely with some disinfectant. For this purpose old sheets may be used. Avoid as far as possible close or prolonged contact with the patient. Contagium means contact, but this is not the whole truth of the matter. The nurse's gown must be of plain, smooth stuff, capable of being washed and very plainly made. All of her clothing must be made of cotton. Use disinfectants thoroughly and systematically. Bad odors in the sickroom and about the dwelling, serve a useful purpose in calling attention to the fact that there is something wrong, even if it be simple uncleanness. The heavy smelling atmosphere which surrounds fever patients is due rather to deranged secretions than to anything in the infecting principle. The room, articles of clothing, the person of the patient and the attendant and all discharges from the bowels and other discharges, and finally water-closets, require disinfectants.

One of the most important objects in the care of contagious disease is to prevent it from becoming a center of infection, and this is accomplished by complete isolation of the patient, and the proper use of disinfectants. The following list includes the disinfectants

for general purposes. Dry and moist heat, especially steam, fumes of sulphur, (not so much faith is placed in sulphur as there was a few years ago). Chloride of lime, Labarraque's solution (chlorinate of soda), corrosive sublimate, sulphate of copper, carbolic acid and formaldehyde.

In the sickroom no disinfectant can take the place of thorough ventilation and cleanliness. Complete disinfection of the room is impracticable while the patient occupies it. Much, however, can be done by washing the floor, window ledges and other surfaces with a solution of 1-1000 of corrosive sublimate, or 1-40 carbolic solution, or 1-100 chloride of lime. Tablets can be bought of corrosive sublimate. Each tablet contains 7 3-10 grains. The solution is made by adding one tablet to a pint of water, and the strength is 1-1000.

The nurse must bear in mind that all disinfectants are poisonous. Care must be taken to keep them well labeled, marked "Poison," and entirely apart from all other medicines.

*To disinfect a room with formaldehyde:* The lamp is filled two thirds full with wood alcohol, and the wick is turned up an eighth of an inch, so as to come into contact with the asbestos wick. Care must be taken when handling the wick, as by rough handling its value is destroyed. Allow the wick to remain burning until it is covered with a lot of little incandescent sparks. Then blow the flame out. It will then burn from four to eight hours. The room should be tightly closed, and the key hole stopped, paper put around the bottom of the doors to avoid the escape of the gas. There is no danger from the lamp exploding as it goes out of itself. After leaving the room closed from

twelve to twenty-four hours it is opened and thoroughly aired. After some days' exposure to the air the walls should be scraped, repainted, or washed down with 1-40 carbolic.

*To disinfect the clothes:* Boiling for an hour will destroy the vitality of all known disease germs. There is no better way of disinfecting clothing that can be washed than by subjecting it to boiling. Clothing may be disinfected by immersing it two hours in a solution of corrosive sublimate, or sulphate of copper 1-100 for two hours. But the objection to using these is that they stain the clothing. Carbolic acid 1-40 has no injurious effect upon clothes. Clothing should not be allowed to collect in the sickroom, but should be promptly sent to the laundry. Or if it is possible for you to expose the clothes to a temperature of about 230° to 280° F., for three hours, this would kill all the germs.

Heat is injurious to woolen fabrics, and clothing that cannot be properly disinfected will have to be destroyed by burning.

The nurse should always wash her hands thoroughly, disinfecting them in 1-1000 bichloride before eating her meals. To disinfect the stools dissolve in bichloride or in lime in water in the proportion of six ounces to a gallon of water. Use a quart of this for the disinfection of each liquid stool. Solution of carbolic acid 1-20, or sulphate of copper 1-25, or freshly slacked quick lime may also be used for this purpose. Disinfect the urine by 1-500 bichloride.

I wish to give you the definitions of words used to describe eruptions on the body.

*Macula* are discolored patches of skin of variable shape and size, without elevation or depression.

*Papules* are circumscribed solid elevations of the skin, varying in size from a pin head to pea sized circumscribed elevations of the epidermis, containing clear or opaque fluid.

*Blebs* are round or irregular shaped pea to egg sized elevations of the epidermis, containing clear or opaque fluid.

*Pustules* are circumscribed flat or acuminate elevations of epidermis containing pus.

*Pomphi* (wheals) are edematous, circumscribed, irregular pinkish elevations of the skin, transitory in character.

*Tubercula or tubercles* are circumscribed, solid, deep-seated elevations of the skin, attaining or surpassing the size of a pea.

*Tumors* are variously sized and shaped prominences, having their seat in the corium or subcutaneous tissue. The secondary le-

sions comprise scales, crusts, excoriations, fissures, ulcers, scars, and stains.

*Squamæ or scales* are dry, epidermal exfoliations shed from the surface of the skin.

*Crusts* are brownish or yellowish masses of dried exudations.

*Excoriations* are epidermal denudations, usually the result of local traumatism.

*Rhagades or fissures* are linear cracks or wounds in the epidermis or corium, due to injury or disease.

*Ulcers* are round or irregular losses of tissue, involving the skin and subcutaneous tissue.

*Cicatrices or scars* are connective tissue, new formations, occupying the region of former losses of tissue.

## Pneumonia

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**B**EFORE entering upon the discussion of my subject, I would state that I believe it to be of great value to a nurse to have access to some good textbooks on practise, and to read up carefully the disease from which her patient is suffering. In this way she will be prepared to recognize and to meet the ordinary emergencies as they arise. For the benefit of those nurses who do not have access to such reference books, I shall briefly outline the course of the disease, that they may understand better the importance of noting the various symptoms as they arise.

Pneumonia, popularly known as lung fever, is a general disease, characterized by local manifestations. It exhibits several well-marked forms, the most common varieties being: *lobar pneumonia* and *lobular pneu-*

*monia*. I shall limit this paper to the discussion of these two forms of the disease.

*Lobar pneumonia*, also known as acute pneumonia, acute sthenic pneumonia, and croupous pneumonia, is an inflammatory process in the vesicular structure of the lungs. This inflammation causes an exudate to be thrown out into the air cells to become solidified, thus rendering the cells impervious to air. This exudate may be confined to a single lobule, to one lobe, or the whole lung may be involved in the process.

*Pathology.*—Pneumonia is generally conceded to be an infectious disease due to some specific micro-organism which acts as the exciting cause, by bringing about the pathological conditions incident to the disease. In most instances it is caused by the germ known as the "diplococcus pneumonia of Traenkel," although other germs, as the typhoid fever

bacillus, influenza bacillus, etc., may act as the exciting cause of the pulmonary inflammation.

Pneumonia is characterized by several distinct stages of pathological changes:

1st. The *stage of congestion*, in which the blood vessels are gorged with blood and the lung is increased in size.

2d. The stage of *red hepatization* in which the air cells become filled with blood corpuscles and the lung heavier, larger, and firmer than normal; indeed, if a portion of the diseased tissue were now removed, instead of being bright red in color, spongy, and so light as easily to float in water—the normal—it would look like a piece of liver, and would sink in water.

3d. The stage of *gray hepatization* in which the exudate, because of a fatty degeneration, becomes semi-solid, and the lung still larger and heavier than before.

4th. The stage of *resolution*, or of *expectancy*, in which, in favorable cases, the exudate still further softens into a dirty yellowish or gray viscid fluid, which now disappears, partly by absorption and partly by expectoration; or, in less favorable cases, the exudate may terminate in chronic pneumonia, abscess of the lung, gangrene, or in tuberculosis.

The heart is greatly overtaxed in this disease, not only because of the poisonous effects of the toxins generated by the micro-organisms present, but also because of the difficulty of propelling the blood through the blood vessels of the lungs. Thus the heart is usually over filled with blood, and its vital powers being reduced by the disease processes, weakened, with the imminent danger of heart failure at any time.

*Lobular pneumonia* is also known as catarrhal pneumonia, disseminated pneumonia, and broncho-pneumonia. It is an inflammation of single lobules scattered throughout the lung. It follows and is accompanied by bronchitis.

*Pathology.*—The inflammation begins in the bronchioles, and directly extends into the air vessels, filling them with irritating secretions. The calibre of the bronchioles are dilated in some places, in others contracted; and the small tubes are always filled with secretions. The alveolar walls are inflamed. Adjacent to the areas of consolidation may be found alveoli that are the seat of edema, congestion, or emphysema; and the pleura may be inflamed over these areas. As in lobar pneumonia, the disease may terminate in resolution, suppuration, gangrene, chronic fibroid induration, or tubercular degeneration.

*Etiology.*—Climate and season, especially those subject to abrupt changes from heat to cold, are important factors in the production of this disease; so, also, poor food, insufficient clothing, bad habits, which diminish vital resistance to disease, the infectious and the contagious diseases, alcoholism, acute rheumatism, blood diseases, uremia, chronic heart disease, the inhalation of poisonous gases or of irritant particles, and severe traumatic injuries, all are predisposing causes.

*Symptomatology.*—The onset, in the majority of cases, is usually ushered in by a severe chill or rigor which may last an hour or more. Occasionally there may be a day or two of premonitory illness.

The fever follows the chill and the temperature may be raised to  $103^{\circ}$  or  $105^{\circ}$ . It rarely falls below  $102^{\circ}$  in the morning, and at night most often it is  $104^{\circ}$  to  $105^{\circ}$ . The fever may terminate as abruptly as it began—usually at about the end of the first week. When this occurs, there is an amelioration of the other symptoms—the crisis is reached. At this time, there may be profuse sweating, subnormal temperature, feeble pulse, cyanosis, and other evidences of collapse.

The crisis may occur as early as the third day or as late as the tenth or fourteenth day, hence a nurse cannot be too alert at this time, as there may be sudden collapse and death.

instead of resolution and the beginning of convalescence.

*Pain* is present in the affected side from the onset of the disease. It is made worse by coughing, sneezing, talking, a deep breath, or pressure on the chest, but it gradually ceases. In the old, or in very weakly persons, pain may be absent from the beginning.

*Cough* is very painful—hence is often partially suppressed. For the first forty-eight hours the cough is dry; after that it becomes moist and the expectoration may be streaked with a trace of fresh blood. The sputum is characteristic, tenacious, viscid, and rusty-colored — pathognomonic of pneumonia. Children and the aged are most likely to swallow the sputum.

*Respiration* is rapid and shallow, almost breathlessness, and is an early symptom, 40 to 60 or more short breaths in a minute—even a sentence is interrupted, so rapid is the respiration. In children the breathing is proportionately more rapid than in adults.

*The pulse rate* is greatly increased. In favorable cases it may range from 120 to 130. In rugged patients the pulse may be strong, full, and bounding, while in the weakly, or in children, it may be rapid, thready, and weak.

*The tongue* is always coated, and in severe cases, where there is mouth breathing, it is dry and cracked. Should the tongue become lead-colored it is an almost fatal symptom. An immobile or a tremulous tongue is of serious import, and is significant of torpor of brain. Should the tongue be protruded very slowly, or left protruded, it is a sign of great exhaustion, or of congestion, or other brain trouble. When the tongue is sharp or pointed there is usually an accompanying irritation, or inflammation of the brain.

*Nervous symptoms* may be quite marked from the first. In children the disease may be ushered in by convulsions. There may be tremulousness, severe headache, delirium, or coma, especially at night, when the disease

is of the typhoid type, or occurs in drunkards. In the latter, the delirium may become a well-marked case of delirium tremens, or even of alcoholic mania. In grave cases the delirium may become of a low muttering type, passing on into stupor or coma and death.

*The urine* is acid, thick, of high specific gravity, scanty, and high colored. In most cases there will be found a diminution of the chlorides, an increase of urea, and albuminuria. At the crisis there will be a very marked increase in the quantity of urine voided.

*The skin* is hot, dry, pungent, and sometimes tinged with jaundice. In case of heart failure, or at the crisis, it becomes moist or there may be excessive perspiration. Nasal, labial, and genital herpes are very common and are quite diagnostic of the disease. The cheeks are flushed, and the one on the affected side may be quite purplish in color.

*Digestive system.*—There is intense thirst. The appetite is lost and the bowels are very constipated. The digestive juices are very scanty. In infants and young children there is a large accumulation of viscid mucus in the stomach, due to the swallowing of the expectorate. This interferes very seriously with digestion and assimilation.

*General symptoms.*—The patient usually lies on the back. If much of the lung tissue be involved, or if the other lung is affected by the same process, the danger from asphyxia is very great, and is manifested by the increased rapidity of respiration, profuse sweats, dyspnea, the complexion becomes dusky, there is increased restlessness, and the patient has a constant desire to be raised higher on the pillows.

When the pneumonia is secondary to other diseases the access may be very insidious. An increase in frequency of respiration and a rise in temperature may be the only indications of the inflammatory process occurring in the lungs.

In the aged or the weakly the only signs

of the disease may be extreme weakness, fever, and quick breathing—the diagnosis only being confirmed by a stethoscopic examination.

*Course of disease.*—The pain gradually becomes less or ceases altogether. The symptoms may be constant or continue to increase in severity until the end of the first week when the *crisis* may occur and, in the course of a few hours, a striking change takes place—the temperature and pulse fall, the respiration becomes free, and the patient feels comfortable, sleeps, is hungry, and asks for substantial food—and convalescence is fully established. In uncomplicated cases the disease may be abated in three or four days, or it may run fourteen days. Occasionally there may be only a short remission of the disease, the patient being very weak, or passing into a state of stupor until the crisis occurs.

*Complications and sequelæ.*—Other organs may become involved by the septic process. The adjacent pleura may become suppurative; there may be an abscess of the ear or the brain, pericarditis, endocarditis, jaundice, or meningitis may set in and become a fatal complication. A recurrence of the disease is common. Gangrenous degeneration may take place and is recognized by the odor of the breath and the presence of blackened lung tissue in the expectoration. Fibroid phthisis or tuberculosis may follow this disease as a complication. In drunkards there is usually gastritis and frequently delirium tremens, or alcoholic mania. Should the fever persist after the crisis, unfortunate complications and sequelæ may be expected. Death may result from blood poisoning, the inflamed lung being too crippled to properly aerate the blood coming to it, and consequently the extra pressure on the remaining lung tissue may cause an effusion into the air cells. When this occurs, the uneasiness becomes increased, the respiration louder, the face more turgid and swollen, the recumbent

position is impossible, and death may follow from exhaustion.

*Diagnosis.*—As a rule, a nurse has to concern herself very little with the diagnosis of disease; yet it is well for her to know the foregoing symptoms of pneumonia, should they intervene while she has the care of a serious case, that she may recognize the complication and communicate with the attending physician without undue loss of time. Thus, when a patient is taken with a chill, or chilly sensations, vomiting, pain in side of chest, an irritative cough, a temperature of  $103^{\circ}$  to  $104^{\circ}$ , pulse raised to 100–110, skin hot and parched, with viscid, bloody sputum, pneumonia may be suspected; and if, in four or five days, the temperature is still high,  $104^{\circ}$  to  $105^{\circ}$ , the pulse 118 to 120, the sputum tough and rusty-colored, labial, nasal or genital herpes, dyspnea, rapid, shallow respiration, and cyanosis, there can be no further doubt as to the accuracy of the diagnosis.

*Prognosis.*—In the aged, the weakly, drunkards, those whose lungs have been weakened by a previous attack of the disease, during or following any disease where the patient is already greatly weakened or exhausted, or occurring as a complication in contagious and infectious diseases, the prognosis is very grave.

*Broncho-pneumonia.*—The symptoms of this form of pneumonia differ from lobar pneumonia in that it begins with bronchitis, is not ushered in by a chill, and has no crisis. It occurs most frequently in children and in the aged. Its onset is characterized by a sudden increase of temperature, the cough becoming dry and paroxysmal. The symptoms become very grave when there is an extension of the bronchitis, cyanosis, irregular and feeble respiration, a rapid and weak pulse, high temperature of  $104^{\circ}$  or more, feeble cough, and no expectoration, stupor or convulsions, and a sinking in of lower part of chest.

*Course of disease.*—It may terminate fatal-

ly in forty-eight or fifty-six hours, or it may extend over months, finally ending in complete recovery, or in fibroid phthisis, tubercular degeneration, and death.

*Prognosis.*—The disease is very fatal in infants, especially when following the infectious or contagious diseases—in the aged, or in very debilitated persons.

*Treatment of pneumonia.*—As this is a disease requiring so much judgment, on the part of the nurse, in the administration of medicines, it seems very important to consider the therapeutic effects of such drugs as are most commonly prescribed in its treatment. Among those drugs are: Aconite, veratrum viride, opium, quinine, phenacetine, chloral, strychnine, nitroglycerine, digitalis, alcoholic beverages, the ammonium salts, and potassium acetate. In nursing pneumonia, it is very necessary that the nurse should know the drugs prescribed and be familiar with their physiological and therapeutic effects, that she may use them intelligently.

*Aconite* depresses the heart and respiration. It is antipyretic and diaphoretic. It lowers blood pressure and dilates the arterioles, causing an increased flow of blood to the surface of the body, where it loses some of its heat by radiation and thus quickly reduces the temperature of the interior of the body. This depression of the heart and flow of blood to the surface is accompanied by an increase of perspiration, which also reduces temperature. If the heart is very weak, aconite should not be used. Its best effects are obtained by giving one fourth to one half minim every ten or fifteen minutes until perspiration or diuresis is free. It is only useful during the first two or three days, or while the high fever lasts. It is most indicated where there is a frequent pulse and a hot, dry skin.

*Veratrum viride* depresses the circulation and reduces force and frequency of pulse. It is only useful during the first two or three days of the disease, when it tends to reduce

the accumulation of blood in the lungs and the danger of exudates. It is useless after the exudate has formed. To produce its best results, it should be given every one to two hours in x or xv minim doses, until there is a lessening of the pulse rate and temperature. It is especially useful where there is acute mania. When the desired effects are produced its use should be discontinued and other treatment substituted.

*Opium* is sometimes used to control the pain of the first stages of pneumonia, and should only be used during this time. It should be given in very small doses, because, at best, this drug is objectionable, especially if the patient shows signs of dyspnea, and a dusky or mottled skin. Opium arrests all the secretions except that of the skin. It will depress the heart and circulation, thereby reducing the temperature. In some cases it may act as a stimulant, but this use is too uncertain to be of value in these cases, because of the danger of its causing dyspnea, coma-vigil, and delirium. Where these symptoms occur, it should be promptly discontinued and the physician notified of the outward effects of the drug.

*Quinine* is antipyretic and helps to reduce inflammatory processes, especially in the formative stage, and to sustain life during suppuration. It tends to destroy the microorganisms of disease. It has no effect upon the respiration; small doses increase the pulse rate; large doses cause a lowering of the pulse and of arterial tension. Inflammatory degeneration of tissue is markedly decreased. Some people are peculiarly susceptible to the action of quinine. In such persons, it may cause a rash simulating that of scarlet fever, measles, erysipelas, purpura, and irritation, congestion, and hemorrhage of kidneys, gastro-intestinal irritation, frontal headache, dulness in head, ringing in ears, deafness, and mental dulness—even temporary blindness may result from its use.

*Phenacetine* is especially valuable to alle-

viate the pain. It is an antiseptic, diaphoretic, and antipyretic. It sometimes depresses the heart and causes marked cyanosis. It should then be discontinued until the physician can be consulted.

*Chloral* is used chiefly for its sedative and hypnotic qualities. It weakens and lowers the heart action and the arterial pressure, and causes a dilatation of the superficial blood vessels. By reason of this weakened heart action, the lungs may become additionally engorged with a resulting dyspnea and respiratory failure.

*Strychnine* is one of the most valuable drugs. It is a stimulant to the respiratory centre, to the heart, and to the vaso-motor centres. It increases peristalsis and thereby lessens the constipation. It raises arterial

pressure and slows the pulse. It is a general tonic, improves the appetite and the digestion. It stimulates secretion and increases the vital powers. It is absorbed slowly by the stomach and more rapidly by the rectum—a point which is well to remember when the quick effect of the drug is desired. It is one of the most reliable and best heart stimulants we have. By promoting digestion it helps to maintain the nutrition of the patient. By promoting capillary circulation, it is beneficial in pneumonia, because of the heat radiation at the surface of the body, and the consequent reduction of temperature. If given in doses from one twentieth to one eightieth of a grain every three hours, there will be a constant stimulation, without the ill-effects of alcoholic stimulants.

(To be continued.)

## The Less Serious Contagious Diseases of Childhood— Mumps (Parotitis)

S. Virginia Lewis, M. S. N.

### THIRD PAPER

**M**ORE cases of mumps occur during cold and damp weather, particularly in the autumn and spring. Boys are more susceptible than girls, and that especially during the second period of dentition. Infants are almost exempt, it is claimed.

The premonitory symptoms manifest themselves after an incubation of about fourteen days. Pains in the back and limbs, headache, a chill with increased temperature, loss of appetite and vomiting, are among the initial indications. Convulsions and delirium are very uncommon, excepting among children with an unstable nervous system.

In about two or three days thereafter pain is felt in the region of the ear, which is soon followed by swelling, without redness, about the parotid. Should the submaxillary lymphatic glands be involved at the same time,

the whole side of the neck is greatly enlarged, the edematous tissue pitting on pressure. The head is bent to one side, speech is indistinct; and swallowing, or any attempt to open the mouth, augments the misery of the sufferer. It is apparent, then, that medicines and nourishment must be administered with a view to causing as little discomfort as possible. As acids appear to intensify the trouble, foods and drinks containing them should be omitted from the diet list. It is obvious that nourishment be restricted to liquids, and that everything that goes into the mouth should be taken through a glass tube. To encourage the patient to take milk, serve it in as many ways as possible, hot or cold; in the form of cocoa; or cook in it any favorite vegetable, peas for instance, to impart to it a desired flavor. An appetizing milk-shake can be



made by pouring half a tumblerful of milk in a preserving-jar, along with the unbeaten white of an egg, sugar to taste, a little flavoring extract, and a tiny pinch of salt to improve palatability. The whole egg may be added if desired; and an egg is not to be previously beaten, but all the ingredients are to be shaken vigorously, as being the only way to blend them thoroughly.

The employment of some of the excellent patent foods now on the market offers additional variety to the patient, who must be confined to a prescribed diet. In more than one instance, Horlick's malted milk was much relished; and in a certain case it was even better liked when combined with condensed milk, in the proportions of one tablespoonful of Horlick's to two teaspoonfuls of the latter, along with a pinch of salt, sometimes a little sugar, filling up the cup with hot water.

It need scarcely be said that the mouth of the patient demands cleanliness, not alone to keep it in as healthy a condition as possible, but at the same time to relieve the uncomfortable dryness. Nevertheless, as opening the mouth to any considerable extent is extremely painful, wind a piece of absorbent cotton on a tiny stick, dip it in the solution, and swab the mouth, tongue, and teeth, as far as practicable; or the child may be induced to draw the antiseptic solution into his mouth by way of a glass tube, and to retain the liquid for some time before ejecting it.

Envelop the patient's neck in raw cotton, to protect the sore glands. In the event of much pain, hot cloths will be found alleviating. When the swelling is very hard and tense, painting with iodine, or applications of iodine ointment, is the treatment ordered. Where cerebral symptoms are manifest, or the swelling is very great, leeches or scarification are resorted to. So that the child may not be frightened by a sight of the leech, it is best to apply it while the patient is asleep; but if that be impracticable, let the nurse provide a piece of soap, a basin of warm water, and

two soft napkins, after she has first placed a wad of cotton in her little patient's ear. Secrete the leech in a corner of one of the napkins. Thus the child will observe none but familiar objects, and his fears will not be aroused. Use the other napkin for bathing and drying the parts. After this (providing the doctor has directed the nurse to perform the little operation), let her prick her flesh slightly with a clean needle, permitting the drop of blood to fall upon her patient's skin, thus inducing the leech to bite. Then let her take up the other napkin, and apply the leech. By talking soothingly to her charge, she may induce him to lie still; or the mother or other person may attract his attention with pictures, or a toy, while the nurse guards him from placing his own hand to the vicinity of his ear. The leech must not be pulled off; but when it is ready to drop off, the nurse can easily dispose of it without permitting the child to see it. Now the parts should be bathed in warm water, and a little cotton-wool applied. But if further bleeding is to be encouraged, a warm poultice, or fomentations, will be required.

In the event of suppuration, poultices will likely be ordered. When the pus cavity is opened, it will need to be dressed antiseptically, the same as any infected wound. But it is only rarely that the inflammation proceeds to induration or suppuration. In the generality of cases, it ends in resolution in a week. However, in the rare instances referred to, the evil conditions may involve the middle ear, and the drum membrane be perforated.

The disease involves but one parotid usually, though sometimes the other may be affected a few days later in a like manner.

The possible complications are brain disturbances, on account of perverted circulation; or a temporary facial paralysis may result from pressure of the inflamed and swollen gland. After suppuration, the gland may remain permanently indurated.

When adults are afflicted with the disease, there is frequently a simultaneous inflammation of the testicles, or ovaries. The condition is not usual in children.

Even after swelling of the neck has subsided, a susceptible child might contract the disease from the patient; so that the latter should be kept from school for three weeks, counting from the initial symptoms, or at least for two weeks after disappearance of the swelling.

Parotitis is not considered so contagious as any other of the communicable diseases, and is not ordinarily looked upon as a serious complaint. Yet, as has been shown, it sometimes does affect the general health, compelling the patient to keep his bed for several days.

After an attack of mumps, the room should of course be cleaned and thoroughly aired; though disinfection of the apartment, or the wearing apparel, etc., is not necessary.

## Answers to the Examination Questions in the September Number\*

### ANATOMY.

I. Epiblast to the nervous and most of the epithelial tissue. Mesoblast to the muscular and connective tissues. Hypoblast to the rest of the epithelial tissue.

II. Fibrous tissue is closely allied to areolar tissue; but there is not so much intercellular space, and the bundles of white fibers, instead of running in every direction, run, for the most part, in only one or two directions. It forms a silvery white aspect. It is exceedingly tough, yet perfectly pliant. In the form of ligaments it attaches the bones together at the joints, and in the form of sinews, and tendons attaches the muscles to the bones. It forms membranes which envelop and bind down organs.

*Examples.*—Dura mater protects the brain, and lines the skull. Periosteum covering the bones. Perichondrium covering the cartilages. It also forms aponeuroses and the great fascia.

III. There are two. The hard, or compact, and the spongy or cancellated.

If we strip a bone we see many bleeding points; these are the blood vessels entering the bone. The blood is carried through the bones by longitudinal canals, called, from their discoverer, Haversian canals.

The lamellæ are the bundles of bony tissue, arranged in rings around the canals; the lacunæ are little lakes placed between them. The canaliculi are the small canals running in a radial direction and connecting the Haversian canal with the whole system.

IV. Tibia is placed on the front and inner side of the leg, and forms what is known as the shin bone. Its upper extremity is broadened out in two lateral eminences, with concave surfaces, which receive the condyles of the femur. It articulates with the femur, fibula, and astragalus. Its lower extremity forms the internal malleolus, wrist-scapoid, semilunar, cuneiform, pisiform, trapezium, trapezoid, or magnum and unciform.

V. It is a bag or double sack; one half the visceral portion adheres closely to the heart, the other half, the parietal portion, is re-

\*The above are the answers to the examination questions in September, 1903, issue, accepted by the training school, and are published by request.

flected over the visceral portion, and envelops both it and the heart. It secretes a fluid which lubricates itself, thus preventing friction. It is one of the serous membranes. It covers the large blood vessels for about one inch and a half from the heart.

VI. The blood from the spleen, stomach, pancreas and intestines is not returned directly to the heart, but unites to form the portal vein. This carries it to the liver; here it breaks up into capillaries. After being acted upon by the liver it forms the hepatic veins, which carry it to the inferior vena cava. It is the only instance in the body of a vein breaking up into capillaries.

VII. Esophagus is a comparatively straight tube about nine inches long, leading from the pharynx, back of the trachea, through the diaphragm, to its termination in the upper or cardiac end of the stomach.

VIII. It is situated in the upper right and middle portion of the abdominal cavity. It extends into the left hypochondriac region. It fits closely under the diaphragm.

Lobes are: Right lobe, left lobe, lobus quadratus, lobus spigelii, lobus caudatus.

IX. The kidney is a compound secreting gland. It is composed of two different substances. The outer part, the cortex, is darker and more dense. It is exceedingly vascular. The inner part, the medullary, is not so close in texture and is lighter in color. The whole kidney is taken up with the tubuli, and their terminal dilatations, Malpighian capsules.

X. Pancreas is situated beneath the greater curvature of the stomach, in the back of the abdominal cavity. It empties into the duodenum at the same place the bile empties.

#### PHYSIOLOGY.

I. Physiology is that branch of medical science which treats of the normal functions of the various organs and structures of the body.

II. There would be loss of sensation on the opposite side and loss of motion on the

same side of the body below the point of injury. Which proves that there is a double decussation in the motor fibers.

III. Water constitutes three fifths of the weight of the body.

IV. The red-blood corpuscle of a human being has no cell wall, and no nucleus, while that of a chicken has both.

V. These terms are inappropriate, as there is really but one circulation. They are thus divided for convenience of study. The greater circulation begins in the left side of the heart. The blood passes from the left auricle through bicuspid valve into left ventricle, through semi-lunar valve into the aorta, and through its subdivisions to all parts of the body, then to the capillaries into the veins, from these into the inferior and superior vena cava, thence to the right auricle. The lesser circulation begins in the right side of the heart. The blood passes from the right auricle through the tricuspid valve, into right ventricle, through semi-lunar valves into the pulmonary arteries to the lungs; here in the capillaries it gives up carbonic-acid gas and takes up oxygen. It is returned to the left auricle of the heart by the pulmonary veins.

VI. In fetal life there is a communication between the two sides of the heart known as the foramen ovale. This closes shortly before, or at birth in most cases. In those cases where it does not close we have what is known as a blue baby, and it rarely lives long. There would be a mixture of arterial and venous blood.

VII. The right lung is broader and heavier and has three lobes, while the left has only two. It is a little longer than the right one, as the latter is raised to accommodate the liver.

VIII. There is an increase in the number of white corpuscles; it is called leucocytosis. It is an effort of nature to get rid of the micro-organisms.

IX. (1) Saliva, secreted in the mouth.

It converts starch into sugar. (2) Gastric juice, secreted in the stomach, changes proteids into peptones. (3) Bile, secreted in the liver, emulsifies fats; is nature's disinfectant, and gives coloring matter to the feces. (4) Pancreatic juice, secreted in the pancreas. It has a mixed action. (5) Intestinal juice, secreted in the intestines. Its use is not known.

X. In cancer of the stomach there is an absence of hydrochloric acid. This renders the reaction of the stomach alkaline. In ulcer there is a hyperacidity of the gastric juice, and this renders the reaction exceedingly acid.

#### HYGIENE.

I. Regular life, exercise in the open air, cleanliness, proper nourishment and temperance.

II. Quarantine is the restrictive measures taken to prevent the spread of contagion. It debars those infected from all other society.

III. Micro-organisms, age, race, sex, climate, occupation, heredity, and population.

IV. The body is worn out and unable to combat germs entering the body.

V. The mikron—one millionth part of a meter.

VI. Natural ventilation: (1) Diffusion of gases. (2) Inequality of temperature. (3) Winds, mechanical measures. Movements produced by inequality of temperature is one of the chief means of ventilation. Perflation and aspirating force. Windows and doors act as inlets for fresh air; chimneys as outlets for foul air. Having windows so constructed that the top slopes inward when open and the current is directed upward and does not strike the person. The nurse should always protect her patient from draughts. Ventilation of buildings is provided for by the architect, by inserting perforated bricks in the walls near the ceiling. Vertical tubes opening below to the external air and carried up the wall of a room to obviate discomfort of draughts.

VII. Bichloride of mercury 1-1000. Carbolic acid, 1-20. Chloride of lime, 1-25. Boric acid, 1-25.

VIII. Thoroughly cleansing the object with brush, soap and water—preferably hot water.

IX. Sunlight and fresh air.

X. Malaria, trichinia, dysentery.

#### OBSTETRICS.

The anterior fontanelle is felt by four ridges.

The posterior fontanelle is felt by three ridges.

The bed should be well protected. The under sheet should be put on tightly and covered by a rubber and draw sheet. Over this a second rubber and draw sheet should be placed, which, after the labor is over, can be removed, leaving the first clean and dry for the patient to lie on. Or in place of this latter, an absorbent pad may be used, which is perhaps better, as it can afterward be burned. It should be about two feet square and two inches thick, and may be made of absorbent cotton. If two or three pads are provided they will be found very useful.

Open the windows to give abundant fresh air; elevate the foot of the bed; give ergot. You should sweep out any clots which may prevent the uterus from contracting, and knead the organ vigorously, with one hand inside and one on the abdominal surface. You may carry into the uterus with the hand a lump of ice or a sponge soaking in vinegar. The most efficient way of controlling the bleeding is to stuff the uterus full of sterile gauze. Send for doctor at once.

First stage is the dilatation of the cervix and the bursting of the bag of waters.

Second stage is the period between the bursting of the bag of waters and the birth of the child.

Third stage is the expulsion of the placenta.

When the pains leave the back, and go to the front, and the cervix is dilated to the size of a silver dollar.

# **The Hospital for Sick Children**

**Toronto, Ontario, Canada**

**Extracts from the Twenty-eighth Annual Report of the Results of Its Work**

**I**T was a wild March morning, just twenty-eight years ago, the first day of the month, when the charity known as the Hospital for Sick Children first opened its doors ready to welcome the first in-patient.

The work was commenced in an unpretentious dwelling, a small eight-roomed brick house on Avenue Street, a few hundred feet west of the large red pile now occupied on College Street.

The weather on that winter morning, a well-remembered day, was not exactly propitious, for an ice-cold wind was blowing. A storm of drifting snow-flakes filled the air. The snow fell in showers. It was not a storm on the instalment plan, but a steady, continuous downfall of snow so environed with a bitter wind that the tree life on College Street, draped with its mantle of white, nodded in a friendly way to the passers-by who were hurrying at a zero stride to office or to home.

So that without the day could hardly be termed a cheering one. But within—in God's hostel—all was warm and bright. The faithful women who inaugurated this work so many years ago were busier than bees in the summer time.

Household furnishings to hand were few and far between—all old, none new—but the few articles that kindly hearts donated were soon in their place to do the most good to the suffering boys and girls for whose benefit they were intended. The furniture did not number many pieces, but what it lacked in quantity it made up for in variety.

Every design in the furniture line was represented. The dozen chairs were samples of as many different grades of the chair-maker's art. Four or five tables were not on speaking acquaintance as far as pattern or style was concerned, for there were no

two alike. A couple of stoves, one for kitchen purposes and another for heating, were serviceable, and did noble work, even if not up to date in make. Then there were knives and forks, plates and dishes, cups and saucers, and just enough of the conventional pots and pans and other tinware to equip the dwelling—for everything but hospital work.

The equipment for the real work of the charity was not extensive. It was all comprised in six iron cots with just enough of bed linen to say that they were ready for business. These tiny cots placed in the corners of two small rooms, dignified by the name of wards, totaled the hospital furniture, and here the cots awaited the first call of suffering childhood.

In those pioneer days of this branch of hospital work, hospitals were not so popular as they are to-day. Adults sought the shelter and helping hand of the hospitals for men and women, but fathers and mothers were loth to send their little ones to a hospital for children, and so the progress of filling the first six cots was slow.

But the workers were not discouraged. They felt that God's time was their harvest time, and that it was sure to come; that the seed that was being sown was falling on good ground and would in due time give a bountiful yield in the good work of relieving the sick and afflicted little ones.

The twenty-first of March was a crisp day. It was not an ideal day, but one that would pass muster in these northern lands as a good day for March. It was clear and cold.

The streets were full of people. There was fine sleighing. The bells made music as the sleighs fairly flew west along Avenue Street to Queen's Park, for every sleigh in the city seemed to be in commission. The

wind was east and light, in a sort of playful mood, as if bidding farewell to the last of stubborn winter. It was near the noon time when a gust of wind blew through the house, for without even a preliminary knock the door swung open and in walked a woman with a three-year-old girl child in her arms, who in a house in St. John's Ward, half an hour before, had tumbled into a tub of hot water. This was the first case—an accident case—the first in-patient.

The April violets had hardly said good morning before other patients were admitted, and month after month two or three sought the gentle hand of the hospital nurse. The work moved on, and the first year's report showed that forty-four patients had been treated, thirty-one of whom were sent back to their homes in the full bloom of health, happy as the sunshine.

This in brief is the reminiscence of nearly thirty years ago—of the day when the doors of the charity first swung open and, it is to be hoped, will be so continued for all time to come.

This incident of the genesis of the sweetest of all the charities leads up to the fact that Toronto possesses to-day one of the largest and best-equipped hospitals for sick children in the world.

So that all concerned in this work during its past thirty years may congratulate themselves upon the success that has attended their efforts in giving to the people of the province of Ontario a perfect institution for the care of the little ones who require its service.

What a pleasure it is to compare the records and know that while in the first year of their work forty-four little ones were treated, that in this year of grace—twenty-eight years later—nearly one thousand children have had the benefits of hospital treatment in a building on College Street, that is of the best construction in hygiene and sanitation, and, as funds allow, provides the latest

methods for the care of disease in the child life.

A unique feature is the school at the hospital. The building on College Street has a school-room well equipped and under the charge of a competent teacher of the Public School Board of Toronto. It has a kindergarten and primary class, and also a class for the larger boys and girls who are more advanced. Sick children in a convalescent state attend the school, and the progress made by all the pupils, young and old, is remarkable. The exercises have been found most beneficial. The four "Rs" get a full share of attention, and the examination results show how much the youngsters appreciate the excellent work of the teacher. The school-room discipline also contributes to the formation of good manners and good feeling between the children in the wards, and the occupation of time at the school is always a pleasant one for the patients.

Many a boy and girl who could not read or write on entering the hospital as a patient, has left it a fair reader and a passably good writer.

There is no branch of surgical work that has had more attention than that which is specially devoted to the work of correcting deformities in children, straightening crooked limbs and club feet.

Pages might be written on the magnificent results in this department. One can hardly realize that such good results are possible. Here we have a score of children with club feet, absolute deformities of the most extreme kind; and yet, after three or four months' treatment, the children are sent home delighted to show their parents that they can walk and run about as other children, with perfect limbs and feet.

One of the most important features in the treatment of patients has been the use of massage as an aid to the effort of the physician and surgeon. Wonderful results have followed in cases where almost as a last re-



HOSPITAL FOR SICK CHILDREN, TORONTO, ONT., CAN.



A BOYS' WARD

sort massage has been applied. Many diseases have been treated successfully by exercises and manipulation alone, no medicine of any kind being taken. Cases of rheumatism, infantile paralysis, and facial paralysis have had the benefit of this mode of treatment.

The training school in the hospital is under the direct supervision and instruction of Miss Louise C. Brent, the lady superintendent, a woman of large experience in every detail of nursing work, and one of the recognized authorities on this continent in connection with the handling and treatment of sick children. With the superintendent is Miss Ella M. Bridgeland, her capable and attentive assistant, who has the more direct charge of the hospital household.

The school offers a two years' course of training and instruction for young women desirous of becoming professional nurses.

For the first ten years of the hospital's life about six nurses were enough for the purpose. The second decade added a few to the complement, but during the last twelve years the increase has been from ten to thirty-three, the number now in course of training. There have been 115 graduates since the training school opened in 1886.

After the thorough testing required for qualification—and the examinations are very rigid—diplomas are awarded, and the field of private nursing or hospital appointment is then open to the graduates.

Great care is exercised in admitting applicants to the school. Many apply, but a

proportion of those, about one-fifth only, are chosen. For example, out of the 375 who sought training last year 75 were accepted.

The course is a thorough one, for it includes nursing in the medical and surgical wards, attendance in the operating rooms for both in- and out-patients, including the outdoor dispensary, attendance at three lectures per week by the physicians and surgeons of the active staff, and the lady superintendent and her assistant, besides lessons by the masseuse, diet kitchen instruction and all other details of the curriculum necessary for equipment in the art of nursing.

The graduates of this hospital have had the largest measure of success after leaving the school, not only in Canada, but in the United States, in private nursing and public work. Many are in charge of training schools, some as superintendents of hospitals, or holding other hospital positions. One of the graduates now holds the position of supervisor of the hospital work in connection with all the public schools of New York, and has under her care some fifty nurses.

The entire work of the school has been most satisfactory, and the fact that hardly at any time during the year in private work are the graduate nurses out of employment, testifies to the excellence of the instruction.

The surgeons and physicians of the hospital staff take a special pride in engaging our nurses for adult as well as child work, for they know well that they possess the essentials for competent nursing.

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**The Japanese Government** has accepted Dr. McGee's offer of nurses for Japanese wounded soldiers (see page 189), and preparations are being made for the departure of Dr. McGee and nurses March 1st.





SUN PARLOR, HOSPITAL FOR SICK CHILDREN, TORONTO



A GIRLS' WARD

## Recent Developments in the American National Red Cross

Anita Newcomb McGee, M.D.

IN AN article in the May number of THE TRAINED NURSE I gave a brief account of the origin and meaning of the term "Red Cross," and what is popularly called "The Red Cross Society" in this country. At that time a number of very prominent officers and members of the society had lately made public protest against the methods by which the organization was managed, and as a result of this these persons had been suspended from membership. When the time for the annual meeting (December 8, 1903) was near at hand, Miss Clara Barton, president, issued a circular stating that the vote of suspension had been rescinded. At the same time she proposed a new set of by-laws, omitting certain of the features which made the set adopted by proxy vote at the last annual meeting so very objectionable. The protesting members replied to this in a communication prepared by one of their number, ex-Secretary of State John W. Foster, and the following extracts are quoted from this open letter: "The voluntary rescinding of our suspension, the proposal of new by-laws correcting many of the defects we criticised in those now in force, and the sending out beforehand of the proposed new by-laws, are acts which prove the justice of our position at the last annual meeting. But it is not by such acts alone that there may come about a 'harmonizing of existing differences.'

"The causes out of which the present unfortunate situation grew are not mainly due to defective by-laws, nor to the manner of their adoption. The two sets of by-laws which were in existence from the reincorporation in 1900 until the last annual meeting provided for financial accountability and the conduct of business by elective bodies, and yet the Red Cross did not prosper.

"The difficulty lay in the method of administration and the personal character of its business management, which had caused the loss of public confidence. This is conspicuously shown in the Galveston disaster. That event, which awakened the sympathy of the nation, brought about contributions to the amount of \$1,300,000, but the Red Cross, which, under proper management, should have been the main channel of relief, received only \$17,341. No portion of the \$65,000 contributed by the Chamber of Commerce of New York passed through its hands. The experience of the New York Relief Committee during the war with Spain was such that Bishop Potter, its chairman, and a number of its most prominent members, have publicly endorsed the demand that there should be a reorganization of the financial and business management of the Red Cross.

"Many of the undersigned were charter members under the act of Congress of 1900, some were members of the board of control in 1900 and 1901, and the entire executive committee of 1902 are among the undersigned, and are in a position to speak of affairs with some assurance. \* \* \* \* It is not deemed necessary to repeat what has already been publicly stated as to the absence of any proper auditing or accountability for funds."

The letter, for purposes of comparison, gives some statistics regarding the foreign societies, including Japan with a fund of over \$2,000,000, and a membership of 800,000; Austria with even larger funds and materials, 722 doctors, 1,005 nurses, and other countries similarly well provided for. In all of these countries the Red Cross is (as explained in the article above referred to) under official control and virtually almost a

part of the government. In contrast to this The American National Red Cross reported its funds last December as \$1,702, and a membership of 123. This year it has announced that the amount in the treasury is only one hundred dollars!

At the recent annual meeting held in Washington the voting was practically done by the secretary, who held proxies from about two thirds of the membership.

The new by-laws were adopted, and Miss Barton was for the second time elected president for life.

Report was made of the work during the past year, which consisted of the formation of a First Aid Department, which put on the market a small emergency case (similar to those sold by a well-known manufacturer of medical supplies), the price of which was placed at \$5. It was announced in various circulars sent out during the summer that the profits of this case would form a fund for the support of the society, and for relief work. No public statement has been made reconciling this with the diminished funds reported at the annual meeting. In connection with the sale of these cases circulars were sent out urging the formation of classes in First Aid, all the members of which were to contribute one dollar annually to the society, and which were to be instructed by any surgeons willing

to give the course, according to a proposed program, without remuneration.

In response to the demand of the dissatisfied members for investigation of the management and financial affairs of the society, a resolution was carried at the annual meeting, authorizing such an investigation to be made by three persons to be appointed by Mr. Richard Olney, general counsel of the society. Hon. John G. Carlisle, Senator Proctor and Representative John Alden Smith have been named, but as all are members of the board, it would seem to an outsider somewhat like inviting a man to investigate and judge his own acts.

On January 19, Senator Daniel introduced a resolution of inquiry, calling upon the Secretary of State for detailed information regarding the Red Cross Society. This resolution, which was agreed to by the Senate, asks whether the State Department has made inquiries of foreign governments concerning the society as it exists in their countries, and whether their governments appoint any of the officials or directors, and what financial support they give to the society. Inquiry is also made respecting the equipment of the society for field work, how its accounts are kept and audited, and whether the society has the confidence of leading people of the country.

### Omar for Nurses

A sunny room, an interesting case,  
A book or two, some violets in a vase,  
Thus sheltered from the world—with thou  
To make the usual rounds—an hospital  
Were Paradise enow.

—Jean Sherow.

# The Diet Kitchen

Mary Caldwell

## RAGOUTS, MINCES AND PUREES.

The ability to prepare dainty dishes from cold joints, poultry, game, fish or vegetables is invaluable to the nurse, when her patient is convalescent, because she can then present food in new and attractive forms every day. The patient that has been kept for a long time on a special diet which is difficult to arrange in more than one way, becomes tired of the very sight of it and hails with delight the slightest change. Food that is reheated does not digest as easily as freshly cooked food, so these tempting little dishes should not be indulged in often.

The word ragout has two meanings, a general one which stands for any highly seasoned stew or hash, and a technical one which means an admixture of meat, game, fish or vegetables, cut in dice and heated in any kind of savory sauce. In making ragouts the greatest care must prevail; there should be a judicious choice of materials, and they must be sufficiently and appropriately seasoned; the meat should be cut neatly, not chopped or ground, and not too much gravy, but just enough to make the whole coherent. The gravy should be made first and the meat heated in it, but it must on no account boil after the meat has been added.

The minces are chopped very fine and added to a finely flavored sauce until about the consistency of porridge, then put away to get cold. When cold they are used for russoles, minced cutlets, croquettes, cottage pies, and souffles. The purées are much more difficult to make; they are usually made of raw meat, poultry, fish or game, although cooked meat, etc., may be used. They are chopped so fine that they can be rubbed through a wire sieve, otherwise there will be no success in making the dishes.

## BEEF RAGOUT.

Make a sauce by first melting two tablespoons of butter, then adding three tablespoons of flour and mixing them until smooth, then add gradually one and a half cups of soup stock, cook until it boils, stirring all the time; flavor with half a teaspoon onion juice, one tablespoon chopped parsley and half a teaspoon of kitchen bouquet. Add to this gravy two pounds of tender beef, cut in cubes; cook only enough longer to thoroughly heat the meat; do not let it boil, season with salt and pepper and serve in a border of mashed potato or rice.

## CHICKEN RAGOUT.

Make a sauce of two tablespoons of butter and one tablespoon of flour rubbed together, add one cup of white stock or milk gradually, cook until it boils, stirring constantly, flavor with one teaspoon parsley, chopped, one teaspoon onion juice, and season with salt and red pepper. Add to the sauce two cups of cold cooked chicken, cut in dice; heat to the boiling point, then add the beaten yolks of two eggs.

## TURKEY HASH.

Remove the skin and fat from cold cooked turkey and chop fine; make stock of the bones and skin, then melt one tablespoon of butter, add one tablespoon of flour; add, gradually, two cups of the turkey stock; stir all the time and cook until it boils; then add two cups of the chopped turkey meat, heat thoroughly, season with salt and red pepper, and serve on toast.

## FISH HASH.

Melt one tablespoon of butter in a sauce pan, add one cup of water or milk, and two cups of cold, fresh fish, freed from skin and bones, and picked into small pieces. Season with salt and pepper. Any fish sauce may

be used instead of the milk or water, and hard boiled eggs may also be chopped and added to the mixture.

#### HASHED POTATOES.

Cook together one tablespoon of butter and one tablespoon of flour. Add half a cup of cream or sweet milk; season with salt and pepper; stir until the mixture boils and is smooth; add two cups of cold boiled or baked potatoes, cut in dice or chopped; cover and simmer ten or fifteen minutes.

#### HASHED BROWN POTATOES.

Prepare a sauce as for hashed potatoes;

mix the chopped potatoes carefully with it; put the mixture in a well-buttered skillet and cook slowly until nicely browned on the bottom, then turn out with the brown side on top.

#### MINCED BEEF.

Have one pound of beef from the round minced very fine, and freed from all sinews and stringy bits; put one tablespoon of butter in a skillet; when hot add the meat and one teaspoon of onion juice; stir for five minutes, season with salt, pepper, and the juice of half a lemon; serve on toast very hot.

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## How to Prepare Sweetbread\*

#### BROILED SWEETBREAD.

Put sweetbread in bowl, cover with cold water, and let stand one hour; drain, remove fat, pipes, and membrane. Cook in boiling salted acidulated water twenty minutes, allowing one half tablespoon each salt and vinegar to a pair of sweetbreads, then drain again, and plunge into cold water. Sweetbreads cooked in this way are called parboiled sweetbreads. This is the first step taken, no matter in what way sweetbreads are to be prepared. Remove sweetbread from cold water, dry on towel, split one half sweetbread lengthwise, sprinkle with salt and pepper, place on a greased fine wire broiler, and broil over a clear fire. As soon as sweetbread is heated, brush sparingly with melted butter, first on one side and then on the other. For serving, spread with soft butter, sprinkle with salt, and garnish with parsley.

#### CREAMED SWEETBREAD.

Parboil sweetbread and cut in one half inch cubes. To one third cup cubes add one fourth white sauce made as follows: Melt one half tablespoon butter, add three fourths tablespoon flour, and pour on gradually, while stirring constantly, one fourth cup milk. Season with salt

and a few grains of pepper. Serve in crustades of bread.

#### GLAZED SWEETBREAD.

Parboil one half sweetbread, preferably the heart sweetbread. Place in individual baking dish, and sprinkle with salt. Dissolve one teaspoon beef extract in one and one half tablespoons boiling water. Pour one third mixture over sweetbread, put in hot oven and bake till well glazed, basting three times with remaining mixture. Serve with a border of peas.

#### JELLIED SWEETBREAD.

Parboil one half sweet bread and cut in small dice. Have at one hand one third cup of consommé that will jell when cold. Cover individual mold with consommé, set mold in pan of ice-water, and when consommé is firm, decorate with cold cooked potato, carrot and truffle cut in fancy shapes. Cover with consommé and, when firm, put in layer of sweetbread and enough consommé to hold cubes together. Decorate sides of mold with cooked vegetables, and add more sweetbread and consommé. Chill, remove from mold and place on lettuce leaf.

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\*The above recipes are taken from "Food and Cookery for the Sick and Convalescent," by Fannie Merritt Farmer. The book can be obtained from The Lakeside Publishing Company. Price, \$1.50.

# Editorially Speaking

## Recognized Training Schools

A correspondent in the Letter-Box department of this issue asks the question, "What is understood by a recognized training school, and who is to be the judge in the matter?" The term "recognized" training school, carries neither weight nor meaning with it, as there is at present no legal standard for training schools. When the question of legislation for nurses was first agitated there was so much difference of opinion as to the meaning of this term, that it was considered quite inadequate, and it has not been used in any of the bills so far drafted.

In the New Jersey bill we do not find this term or its equivalent. The North Carolina bill calls for "reputable" training schools, the New York bill for "schools maintaining proper standards." The Virginia and Maryland bills, "schools connected with hospitals of good standing," and the Massachusetts bill makes no mention of training schools in connection with the applicant for registration or examination, but states that the members of the board of examiners must be graduates of training schools giving a two years' course in a general hospital.

The Board of Examiners of Nurses of New York State has decided upon the qualifications for training schools, and has sent these recommendations to the Board of Regents at Albany. Doubtless other States will decide upon qualifications, and present these to the proper authorities, but even so the question of the real meaning of any of these terms will be an open one, for it must be borne in mind that terms used which have not been construed by the courts, are bound to undergo the process of judicial construction, which is sometimes very different from what the framers of the bill intended.

## Nurses for the Poor

More than a year ago we called attention to the importance of the work of district or visiting nursing, and the great service it was rendering to the community. In our January, 1904, issue we again brought the subject before our readers, and asked their assistance in a matter that we had much at heart, and which we wanted to make the principal object of our work for 1904, namely, the procuring of endowment funds to enable nurses to work among the poor.

Several hundred magazines containing our editorial were sent to editors of newspapers, philanthropic societies, and prominent members of the clergy throughout the country, asking their help and influence. It was with great pleasure, therefore, that we noted the recent gift of five thousand dollars (\$5,000) from Mrs. W. K. Vanderbilt to the Presbyterian Hospital of New York City, to be devoted to this purpose. It is thought that Mrs. Vanderbilt will give a larger sum in the near future, and if this is true, we trust that it will take the form of a permanent endowment. May the good work go on.

## To Exempt Nurses

Assemblyman Wade has introduced a bill in the assembly at Albany, N. Y., amending the code of civil procedure so as to place trained nurses with physicians and clergymen, among privileged witnesses who are not compelled to disclose information obtained while attending a patient. The object of this bill is not only to protect the nurse, but also to prevent the employment of nurses as detectives, in which capacity it is said nurses have figured in several important legal cases. It is to be hoped that the bill will meet with no opposition.

# In the Nursing World

There is no charge for the publication of news items and reports in this department

## Spanish-American War Nurses

*To the Spanish-American  
War Nurses: Dear Friends:*

In accordance with my promise, in letter of November 20, last, I now send you additional information on various subjects of interest to our Society.

The resignation of Mrs. H. C. Lounsbury as treasurer and corresponding secretary is announced, with regret, that her increased home duties, combined with the growing work of our Society, have obliged her to take this step. Mrs. Lounsbury is well known as a member of the original committee which organized the Society, and as having served it with devoted interest since that time. The executive committee elected Miss Rebecca Jackson, of Overbrook, Pa., to fill the office thus vacant, and all dues are to be sent to her. In this connection, I wish to thank those who have responded to my suggestion and become life members, and to say that we now have one hundred and thirty-one on that roll. There are still a large number of our members who have not paid dues since their admission, and to them I wish to make a special appeal to become life members at once, as it will probably become necessary at our next meeting to take some action in their cases. This letter will be sent them, as all our past notices have been.

The amount of money transferred to the new treasurer, and in her custody January 13, 1904, was \$1,897.71, composed as follows: Permanent fund (the standing capital, from life fees), \$1,010; current fund (annual dues and interest on permanent fund, available for expenses of the Society), \$235.53; benefit fund (admission fees and contributions), \$305.52; and monument fund (for monument proposed to be erected at Arlington National Cemetery to army nurses who died in 1898), \$346.66.

## THE NEXT ANNUAL MEETING—THE ST. LOUIS EXPOSITION.

A visit to St. Louis and conference with officials of the Exposition showed that it was not feasible to hold our meeting in September. Monday, October 3, has, therefore, been assigned us as our "Special Day" and our opening session will be held then, in the Hall of Congresses, on the grounds. For the remainder of the sessions, which will be held on succeeding days in the same week, we have the choice, free

of charge, of the same hall or of one at our headquarters hotel. It is expected that business sessions will be held in the mornings, leaving afternoons free for seeing the exposition. A reminiscence meeting, a reception in our honor, to be given at the large armory (militia headquarters), and other receptions and entertainments are planned for the evenings. The Louisiana Purchase Exposition is more than twice the size of the Chicago World's Fair, and many times finer and greater than the Buffalo Fair, and should be seen by all our members. To study its great exhibits from foreign countries, as well as from our own, will be a liberal education. Very low railroad rates to St. Louis are offered for the Exposition period.

Members will be interested in other meetings to be held in St. Louis about the time of ours, The great International Congress of Science and Arts (Prof. Simon Newcomb, president) is to begin September 19, and last two weeks. Addresses will be given by a carefully selected body of the greatest scientists in the world. This combined Congress takes the place of the scattered congresses which have been held during previous expositions, and includes all branches of medicine, though a special branch congress on tuberculosis will be held October 3-5. The Association of Military Surgeons of the United States are to meet on October 10 and following days; the Daughters of the American Revolution are to celebrate October 11, the anniversary of the founding of the National Society; and October 24 to 26 the National Council of Women meets. The Spanish War Veterans will probably meet in September, though their plans are not yet decided.

The Medical Director of the Exposition, Dr. L. H. Laidley, is to have an emergency hospital of forty beds at the eastern side of the grounds, and probably some first aid stations. Nurses wishing information as to service in this hospital should apply to him, as his organization plans are not completed at this date. He has promised that some of his nurses shall be representatives of our Society.

The Medical Department of the army is to have a field brigade hospital on the grounds, but no women nurses are to be connected with it,

The "World's Fair Bulletin" for February,

1904 (issued by World's Fair Publishing Company, St. Louis, price 25 cents), contains a list of days and meetings (including ours), an account of the congress, a picture of the hospital, a description of several departments of the Exposition, including over five pages about that of anthropology, written by its chief, Dr. W. J. McGee. An "Illustrated Handbook" of the Exposition, of which several editions have appeared, is published by the Gottschalk Printing Company, of St. Louis.

**Headquarters:** The "Inside Inn" has been chosen as the Spanish-American War Nurses' headquarters, because of its low rate and the great saving of time, strength and money effected by being "on the spot." Members are urged to secure a reservation certificate at once. Each is good for two persons. If it cannot be used by the original purchaser it should be sent to the treasurer of our society *before* the meeting, who will see that the money paid for it is refunded. The certificate has a practical value of \$5.00, and no risk is involved in buying one, *provided* it is not lost. If further particulars are needed, address the Inside Inn. It is located within the grounds, near the southeast corner, and by going there the delay and annoyance of crowded street cars will be avoided. An intramural railway furnishes transportation to all parts of the Exposition. Pamphlets describing the Inside Inn and method of securing rooms were mailed to you with other papers a month ago. The rate of \$1.50 per person per day for room is equivalent to \$1.00 outside the grounds (admission being fifty cents) and is, therefore, as low as any rate offered.

#### CEREMONIOUS UNIFORM.

At our New Haven gathering, a general desire was expressed that when nurses wear their uniforms on occasions of ceremony at our meetings these uniforms should be as much alike as possible. Its appearance as a "uniform," and its effect as representative of a united society, will be greatly enhanced in this way. It is not intended, however, that the dress should necessarily be reserved for our meetings, but that it may be generally worn either as a summer dress or as a nursing uniform.

A Committee on Uniform was appointed, and after consultation with our Camps, made a report which was approved by the executive committee. It contains the following specifications:

**Dress:** *Material*, white linen, heavy. *Skirt*,

one inch from floor, seven gored, seams stitched on either side. Hem three inches wide, two rows of stitching at top of hem. Skirt to be opened in back, inverted plait preferred, but according to style of 1904. Tucking and needlework not to be used. *Waist*, same material. Fronts to have three plaits; two in shoulder seams, and one in neck seam. Plaits to be one inch wide. One plait in front of waist, one and one-half inches wide (box plait) stitched on either side. Five pearl buttons down front of waist, size of ten-cent piece. Back perfectly plain. Sleeves plain, fulness at bottom. Band on sleeve, three inches, two pearl buttons, same size as down the front; an inside seam. Belt one and one-half inches, stitched top and bottom, ends pointed. *Collar and cuffs*, Bishop collar, width according to neck. No separate cuff.

*Apron:* None to be worn.

*Cap:* Puritan cap to be worn by all.

**Brassard:** The distinctive feature of the uniform is to be a brassard or band of white flannel, pinned or sewed around the left sleeve. The cross of the Society and the letters S.-A. W. N. above it and U. S. A. below it, are to be embroidered in blue silk on the flannel. A quantity of these brassards are to be made for the Society, and will be sold, to members only, by the treasurer, price 75 cents each. They can be bought at the St. Louis meeting (or sooner) and may be worn by our members at any appropriate time, just as the pin is now worn. *Officers' brassards* will have a band of blue flannel, one inch wide, above and below the white flannel band.

*The President* will wear the same uniform, but made of mohair instead of linen, and without the cap.

#### NAVY NURSE BILL.

It will be remembered that at our Washington meeting, last year, a Bill to place trained nurses in the shore hospitals of the Navy was introduced in the United States Senate at the request of our Society. The conditions of this bill differed so widely from those governing the Army that it was impossible to obtain approval for it, and even a second bill substituted for it, which was based on the army law, failed last winter to receive the approval of the Secretary of the Navy. The Secretary, near the close of the session, proposed to substitute a third bill, which provided merely that the Surgeon-General could employ nurses at army rates, but without any leave, with no provision for superintendent, etc. This proposal



being worse than no bill at all, and the session being then almost over, it was useless to do anything further.

I have preserved the original manuscript copies of each form of the bill as it was worked over last winter, in the effort to secure approval of those whose support was necessary to its success. These, and similar copies made last autumn, when the matter came up fresh, indicate in detail the changes which the bill underwent and by whom they were made. I mention this to show that I know who is the responsible author of each word in the present bill, and just why every modification was made.

On December 22 last, after several consultations with others, I sent a copy of the bill (*i.e.*, the second one, like the army) as it then stood to the Secretary of the Navy, with a letter, earnestly requesting his approval. In this letter I said, among other things, that "it will be difficult for the navy to secure the services of the class of trained nurses it needs unless the conditions offered specifically by law are at least equal to those of the army." To this the Secretary replied, saying that he had "taken pleasure in asking the opinion of the Bureau of Medicine and Surgery on the propositions included" in the bill. After suggesting a minor amendment he continues, "I cannot, of course, give a final opinion on the measure you present until it comes to me in the form of a bill from Congress, but I am able to say that the provisions, with the above amendment, have the approval of the Bureau of Medicine and Surgery, and that no present objections occur to me. A main point in the consideration of the question with me is that there shall be no provision that shall lead to the establishment of another Staff Corps, in the full sense of the term, that is, in permanence of tenure, retirement provision and relative rank, but that it shall be possible to apply the method of employment followed in, for example, the utilization of the services of Acting Assistant Surgeons in the Navy, and Contract Surgeons in the Army, if it is found that some modifications of the usual course of employment of civilians are necessary."

On January 12, Senator Gallinger, M.D., of New Hampshire, a member of the Naval Affairs Committee, in accordance with my request, introduced the bill in the Senate and had it referred to the Navy Department in regular course. But no satisfactory communication was received from the Navy Department, so on February 3 I had a personal interview with the Secretary,

suggesting another change which would meet his objections by so wording the first paragraph as to omit the use of the word "corps," making the bill begin: "That the Surgeon-General of the Navy is hereby authorized to appoint, under regulations to be prescribed by the Secretary of the Navy, trained women nurses, as follows: One superintendent and as many chief nurses and reserve nurses as may be needed: *Provided*," etc., etc. The rest of the bill is practically the same as last year.

It gives me pleasure to report that this suggestion at last achieved success, and (the Surgeon-General having also consented) a letter approving the bill as amended was signed by the Secretary and sent to the Senate. And so the matter stands at date of this writing, as the Senate Committee has had no meeting since then. There are still many obstacles to be overcome, even though the first point has been won, and it would be rash to make any prediction as yet regarding the date of final passage of the measure.

#### JAPANESE WAR

Last autumn when war between Russia and Japan seemed approaching, I took unofficial, and then formal, steps toward the participation of our Society in the work of that war. The principal correspondence between His Excellency the Minister from Japan and myself was printed in *THE TRAINED NURSE* for January. A cable message was received from Japanese ladies in London (also printed there), and my letter was published in the principal papers in Japan. A cable from Tokio to American papers said it "has produced an excellent impression, and is warmly appreciated as a mark of the traditional American friendship for Japan."

In later interviews with the Japanese minister he explained to me that it was not possible for his government to send a definite reply until the question of peace or war was settled, and in view of the great uncertainty, the issue of notice of the matter was postponed and only the executive committee conferred with.

On February 11 the official declaration of war was received, and the Minister at once cabled to Tokio for instructions as to whether or not we can go. He tells me that a reply can be expected in a few days, but this communication must be sent to press without waiting even that long.

Our offer may be definitely declined; but if it is accepted, preparations will be hastened and a party will sail for Japan at the earliest moment.

Before this magazine is issued the newspapers will have reported the late news.

ANITA NEWCOMB MCGEE.

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**Navy Bill** . In the Senate of the United States, January 12, 1904, Mr. Gallinger introduced the following bill, which was read twice and referred to the Committee on Naval Affairs.

A Bill for the establishment and organization of a nurse corps of trained women nurses in the United States Navy.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That a nurse corps of trained women nurses is hereby established as a part of the medical department of the United States Navy, and shall consist of one superintendent, to be appointed by the Secretary of the Navy on the recommendation of the Surgeon-General, and of as many chief nurses, nurses, and reserve nurses as may be needed: Provided, That the superintendent and all nurses in the nurse corps shall be citizens of the United States and graduates of training schools for nurses.

Section 2. That chief nurses, nurses, and reserve nurses shall be appointed by the Surgeon-General of the Navy, with the approval of the Secretary of the Navy, subject to an examination as to their professional, moral, mental, and physical fitness, and that they shall be eligible for duty at naval hospitals and on board of hospital and ambulance ships, and for such special duty as may be deemed necessary by the Surgeon-General of the Navy.

Section 3. That nurses shall receive forty dollars per month when on duty within the continental limits of the United States and fifty dollars per month when without the continental limits of the United States. Reserve nurses may be assigned to active duty when the necessities of the service demand, and when on such duty shall receive the pay and allowances of nurses. Whenever a reserve nurse is on active duty for a less period than six months she shall, on being released from such duty, receive twenty dollars in addition to her regular pay. Chief nurses shall receive such pay as may be authorized by the Secretary of the Navy, not to exceed twenty-five dollars per month more than that provided for nurses. The superintendent shall receive one thousand eight hundred dollars per annum. Chief nurses, nurses, and reserve nurses when on active duty shall be entitled to quarters, subsistence, and medical attendance during illness.

Appointments of superintendent, chief nurses, and nurses shall be for periods of three years each, subject to discharge for cause, and with each reappointment they shall receive an increase of five per centum in their pay. They shall receive transportation and necessary expenses when traveling under orders, and may be granted leave of absence for thirty days with pay for each calendar year, and if such leave cannot be granted it may become cumulative.

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**The Maryland Bill** . An Act to Provide for State Registration of Nurses.

Section 1. Be it enacted by the General Assembly of Maryland, That upon the taking effect of this act, the Maryland State Association of Graduate Nurses shall nominate for examiners twelve (12) of its members who have had not less than five years' experience in their profession. These nominations shall be submitted to the Governor of the State, who shall from said number appoint, within sixty days, a Board of Examiners, to be composed of five (5) members. One of the members of this board shall be designated by the Governor to hold office one year, two for two years, and two for three years; and hereafter, upon the expiration of the term of office of the person or persons so appointed, the Governor shall appoint a successor to each person or persons, to hold office for three years, from a list of five nominations submitted to him by the Maryland State Association of Graduate Nurses annually. All vacancies occurring on this board shall be filled by the Governor in the same manner from the list of nominations furnished him, or from a list of five to be furnished upon his request for additional names.

Section 2. And be it further enacted, That the members of this State Board of Examiners shall, as soon as organized, and annually thereafter in the month of June, elect from their members a president and a secretary, who shall be the treasurer. Three members of this board shall constitute a quorum, and special meetings of the board shall be called by the secretary upon written request of any two members. The said Board of Examiners is authorized to frame such by-laws as may be necessary to govern its proceedings. The secretary shall be required to keep a record of all meetings of the board, including a register of the names of all nurses duly registered under this act, which shall at all reasonable times be open to public scrutiny, and the board shall cause the prosecution of all

persons violating any of the provisions of this act, and may incur necessary expenses on this behalf. The secretary shall receive a salary to be fixed by the board, not to exceed one hundred dollars (\$100.00) per annum, also traveling and other expenses incurred in the discharge of her official duties. The other members of the board shall receive five dollars (\$5.00) for each day actually engaged in this service, and all legitimate and necessary expenses. Said expenses and salaries shall be paid from fees received by the board under the provision of this act, and no part of salaries or other expenses of the board shall be paid out of the State Treasury. All money received in excess of the said allowance and other expenses provided for shall be held by the treasurer for meeting the expenses of the said board and the cost of annual reports of the board.

Section 3. And be it further enacted, That after June 1, 1906, it shall be the duty of said Board of Examiners to meet not less frequently than once in every year, notice of which meeting shall be given in the public press and in one nursing journal one month previous to the meeting. At this meeting it shall be their duty to examine all applicants for registration under this act to determine their fitness and ability to give efficient care of the sick. Upon filing application for examination and registration each applicant shall deposit a fee of five dollars (\$5.00).

Section 4. And be it further enacted, That the applicant shall furnish satisfactory evidence that he or she is twenty-three (23) years of age, is of good moral character, has received the equivalent of a high-school education, and has graduated from a training school connected with a general hospital of good standing, where a three-years' training with a systematic course of instruction is given in the hospital.

Section 5. And be it further enacted, That all nurses graduating before June 1, 1906, possessing the above qualifications shall be permitted to register without examination upon payment of registration fee. Nurses who shall show to the satisfaction of the Board of Examiners that they are graduates of training schools connected with a general hospital or sanitarium giving two-years' training or prior to the year 1897 having given one-year's training, and who maintain in other respects proper standards, and are engaged in professional nursing at the date of the passage of this act, or have been engaged in nursing five years after graduation prior

to the passage of this act, also those who are in training at the time of the passage of this act and shall graduate hereafter, and possess the above qualifications, shall be entitled to registration without examination, provided such application be made before June 1, 1906. Graduates of training schools in connection with special hospitals who shall obtain one year's additional training in an approved general hospital before June 1, 1906, shall be eligible for registration without examination. And it shall be unlawful after the expiration of that time for any person to practise professional nursing as a registered nurse without a certificate in this State. A nurse who has received his or her certificate according to the provisions of this act shall be styled and known as a "registered nurse." No other person shall assume such title or use the abbreviation R.N., or any other letters or figures to indicate that he or she is a registered nurse.

Section 6. And be it further enacted, That this act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, and also it shall not apply to any person nursing the sick for hire but who does not in any way assume to be a registered nurse.

Section 7. And be it further enacted, That any person violating any of the provisions of this act, or who shall wilfully make any false representation to the Board of Examiners in applying for a certificate, shall be guilty of a misdemeanor, and upon conviction be punished by a fine of not more than five hundred dollars (\$500.00.)

Section 8. And be it further enacted, That the State Board of Examiners of graduate nurses may revoke any certificate for sufficient cause, but before this is done the holder of said certificate shall have thirty days' notice, and after a full and fair hearing of the charges made, by a majority vote of the whole board the certificate can be revoked.

Section 9. And be it further enacted, That this act shall take effect from the date of its passage.

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Massachusetts  
Nurses' Bill

House Bill, No. 564, of the Commonwealth of Massachusetts. In the Year One Thousand Nine Hundred and Four.

An Act to Regulate the Practise of Professional Nursing of the Sick.

Be it enacted by the Senate and House of

Representatives in General Court assembled, and by the authority of the same, as follows:

Section 1. The Governor, with the advice and consent of the council, shall appoint a board of registration in nursing. Said board shall consist of five members, residents in this Commonwealth, who shall be appointed from a list of ten persons, submitted by the Massachusetts State Nurses' Association, and who shall hold diplomas from training schools for nurses giving at least a two years' course in a general hospital, and who shall have had eight years' additional experience in the practise of their profession. Said board shall be appointed as follows: one member for one year, one for two years, one for three years, one for four years and one for five years, from the first day of October, nineteen hundred and four, and until their respective successors are appointed; and thereafter the Governor, with the advice and consent of the council, shall appoint before the first day of October in each year one person qualified as aforesaid to hold office for five years, from the first day of October next ensuing. Vacancies in said board shall be filled in accordance with the provisions of this act for the appointment of the original board, and a person appointed to fill a vacancy shall hold office during the unexpired term of the member whose place he or she fills. Any member of said board may be removed from office for cause by the Governor with the advice and consent of the executive council.

Section 2. The members of said board shall meet on the second Tuesday of October, nineteen hundred and four, and annually thereafter, at such hour and place as they may determine, and shall immediately proceed to organize by electing a chairman and secretary who shall hold their respective offices for the term of one year. The secretary shall give to the treasurer and receiver general of the Commonwealth a bond with sufficient sureties, to be approved by the Governor and council, for the faithful discharge of the duties of his or her office. The said board shall hold four regular meetings in each year, one on the second Tuesday of January, one on the second Tuesday of April, one on the second Tuesday of July and one on the second Tuesday of October, and such additional meetings at such times and places as it may determine.

Section 3. It shall be the duty of said board immediately upon its organization to notify all persons practising nursing in this Commonwealth of the times and places of the examination for registration by publication in one or more news-

papers in each county; and every such person who shall by affidavit or otherwise show to the satisfaction of the board that he or she was engaged in the practise of nursing of the sick for a period of three years next prior to the passage hereof, and that he or she is a duly qualified nurse, shall upon the payment of a fee of five dollars be entitled to registration, with the use of the title Registered Nurse, signified by R. N. Said board shall issue to him or her a certificate signed by the members of the board.

Section 4. Any person not entitled to registration as aforesaid shall be entitled to examination upon making application. Applications for registration shall be made upon blanks to be furnished by the board, and shall be signed and sworn to by applicants. Each applicant for registration shall furnish satisfactory proof that he or she is twenty-one years of age or over, and of good moral character, and, if upon examination shall be found qualified by the board, shall by the payment of a fee of five dollars be registered as a professional nurse and shall receive a certificate thereof as provided in section three, and shall be granted the use of the title of registered nurse. An applicant who fails to pass an examination satisfactory to the board, and is therefore refused registration, shall be entitled within one year after such refusal to a re-examination at a meeting of the board called for the examination of applicants, without the payment of an additional fee. Said board may by unanimous vote revoke any certificate issued by it, and cancel the registration of any professional nurse who has been guilty of any felony, or of any crime or misdemeanor in the practise of his or her profession. All fees received by the board shall once in each month be paid by its secretary into the treasury of the Commonwealth.

Section 5. Each member of the board shall receive eight dollars for every day actually spent in the performance of his or her duties and the necessary traveling expenses actually expended in attending the meetings of the board, not exceeding three cents a mile each way. Such compensation and the incidental and traveling expenses shall be approved by the board, and paid by the Commonwealth only from the fees paid over by the board.

Section 6. The board shall investigate all complaints of the violations of the provisions of this act and report the same to the proper prosecuting officers.

Section 7. Examinations shall be in part in writing in the English language, and in part in

practical work, and shall include the following subjects: physiology, anatomy, materia medica, obstetrics, urinalysis, children's diseases, sanitation, physics, hygiene, dietetics, and principles and methods of nursing.

Section 8. The board shall keep a record of the names of all persons registered hereunder, and of all money received and disbursed by it, and a duplicate thereof shall be open to inspection in the office of the Secretary of the Commonwealth. Said board shall annually on or before the first day of January make a report to the Governor of the conditions of professional nursing in this Commonwealth, of all its official acts during the preceding year and of its receipts and disbursements.

Section 9. The provisions of this act shall not be held to apply to gratuitous nursing of the sick by friends or members of the family or to any person nursing the sick for hire, who does not assume to be a registered nurse.

Section 10. Whoever, not being lawfully authorized to practise as a registered nurse within this Commonwealth, does practise or does attempt to practise as a registered nurse shall, for each offense, be punished by a fine of not less than fifty dollars nor more than one hundred dollars, or by imprisonment for three months, or by both such fine and imprisonment. Whoever becomes registered or attempts to become registered, or whoever practises or attempts to practise as a registered nurse under a false or assumed name shall, for each offense, be punished by a fine of not less than one hundred nor more than five hundred dollars, or by imprisonment for three months, or by both such fine and imprisonment.

Section 11. The examining board shall extend equal recognition to the registered nurses of other States, who shall comply with the aforesaid conditions.

Section 12. This act shall take effect thirty days after its passage.

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#### Ohio State Nurses' Association

A meeting of the Ohio State Nurses was held in the library of City Hospital, Cincinnati, on January 27th and 28th. The program was as follows: Wednesday, January 27th, 10 A. M., Registration of Delegates. Two P. M., meeting called to order. Address of Welcome by Miss Annie Laws, president International Kindergarten Union. Address by C. L. Reed, M. D. Thursday, Jan. 28th, 10 A. M., trolley ride through suburbs. Twelve noon, luncheon at Grand Hotel, by Graduate Nurses'

Association, of Cincinnati. Two P. M., business meeting.

The following are the officers of the Association: President, Miss M. H. Greenwood, of Cincinnati. Vice-presidents, Miss Olive Fisher, Cincinnati; Miss Fanny Wright, Cleveland; Miss Elizabeth Allen, Columbus; Miss Ella P. Crandall, Dayton. Secretary, Miss Elizabeth Hartsock, Cincinnati. Treasurer, Miss Ella Doe, Columbus.

A bill seeking the registration of nurses has been prepared, and will be submitted to the Legislature.

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#### Pennsylvania State N. A. Meeting

The second meeting of the Pennsylvania State Nurses' Association was held in Harrisburg on January 20-21, Miss Annie E.

Brobson, the president, in the chair.

Rev. H. H. Hastings made the invocation, Mayor McCormick gave the address of welcome, and Dr. McAllister, from the Academy of Medicine, gave an address and greeting in behalf of the medical profession of Harrisburg.

Miss Brobson in a brief address stated the object of the meeting. Miss Sarah Rudden read an article entitled "The A B C of Registration." A paper entitled "A Plea for Organization," written by Miss Rebecca Halsey, of the Jewish Hospital, Philadelphia, was read by Miss Greaney, of the Woman's Hospital.

Reports were heard from the various committees. These were: Credentials, Mrs. Harriet Cochran, Chenango Valley Hospital, chairman; constitution and by-laws, Miss Greaney, Woman's Hospital, Philadelphia, chairman; membership, Miss Cumiskey, Jefferson Hospital, Philadelphia, chairman; legislation, Mrs. Vaughan, Germantown, chairman; publication and press, Mrs. Loeffler, of Pittsburg Hospital, chairman, and on arrangement, Miss Davenport, of Harrisburg Hospital, chairman.

From eight to ten o'clock Wednesday evening a delightful reception was tendered the Graduate Nurses' Association by the members of the Academy of Medicine. Fully two hundred guests were present, including the physicians and their wives, and the nurses. Dr. McAllister, president of the Academy, received the guests, and the committee on arrangements, consisting of Miss Davenport, chairman; Miss Penny-packer and Miss Boltz did everything possible for the pleasure of the guests.

After a short speech of welcome from Dr. McAllister, the two papers of the afternoon meet-

ing were re-read for the benefit of the doctors present.

The remainder of the evening was spent in social intercourse. Music was furnished by Froehlich's orchestra, and Dietrich was the caterer.

During the various discussions it was stated by Miss Milne, of the Presbyterian Hospital, Philadelphia, that a "Preliminary Education for Nurses" course was being given at the Drexel Institute through the influence of Dr. S. Weir Mitchell, said course embracing the subjects of "Domestic Science," "Anatomy," "Physiology," "Materia Medica," "Bacteriology," and "Hygiene." But eight nurses have entered the class this year, and unless there are more next year who take up this course it will be impossible to continue it. On motion of Miss Whitaker, seconded by Miss Madeira, the approval of the State Association was given this movement of Dr. Mitchell's.

The next meeting of the association will be held at Wilkes-Barre, Pa., April 20 and 21, 1904.

MRS. GEORGE O. LOEFFLER,

Chairman Publishing and Press Committee.

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**Mt. Sinai Alumnae  
Association**

The annual meeting of the Mt. Sinai Alumnae Association was held on January

7, 1904, at 149 East Sixty-seventh Street, the president, Miss Hartman, in the chair.

The following four delegates were appointed to represent the Association, and act in its behalf, at the various meetings of the New York County Nurses' Association: the Misses F. Hartman, E. Atwater, J. Campbell, and B. Kruer.

The following directors and officers were elected for the year 1904: President, Miss F. Hartman; vice-president, Miss E. Atwater; corresponding secretary, Miss B. Kruer; recording secretary, Miss H. Gellner; treasurer, Miss S. Shilliday; directors, Misses E. Mallory, J. P. Friedman, J. Campbell, J. Ryerson, and B. Cohen; investigating physician, Dr. Max Rosenberg.

At the February meeting, held on February 4, at the same address, the vice-president, Miss Atwater, presided.

After the usual routine business Miss Hartman was elected as delegate to the State Convention, at Albany, in April.

It was decided that the Association resign from the State organization and affiliate itself with the County Association.

Meeting adjourned and refreshments were served

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**Berks Co.  
A. G. N.** A regular meeting of the Berks County Association of Graduate Nurses was held at the Homeopathic Hospital, Reading, Pa., Tuesday, January 26, at 2 P. M., the president in the chair.

Thirteen members responded to the roll call.

After the reading of the minutes came the discussion of the change in the by-laws. It was decided to change the number of the quorum from seventeen to seven.

A vote of thanks was given Miss Worley for typewriting the constitution and by-laws.

A full report of the State meeting, held at Harrisburg, Pa., January 20th and 21st, was read by Miss Scholl, who served as delegate there. The report was given in such glowing terms that those who had not been able to attend that event felt that they had denied themselves a very great pleasure.

A vote of thanks was tendered the supervisor of the hospital for the hospitality shown the graduates.

The afternoon closed with refreshments.

BERKS CO. ASSO. OF GRADUATE NURSES,

ELLA R. SNYDER,

MARY A. DOUGHERTY,  
Committee.

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**Hahnemann  
Hospital  
N. A. A.** The monthly meeting of the Alumnae Association of the Hahnemann Hospital, in the city of New York, will be held at the hospital on Thursday, February 18, at 3 P. M. Arrangements will be made for a Pink Tea, to be given the first Friday after Lent, proceeds to go toward the endowment of a room for sick graduate nurses.

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**New York City  
T. S. A. A.** The New York City Training School Alumnae Association held its monthly meeting at the Academy of Medicine, Tuesday, February 9.

The president, Miss J. Amanda Silver, was in the chair.

A report by Miss Josephine Foote, chairman of the Committee on Sickness, is that Mrs. Flaherty, Mrs. Clark and Miss Sheldon are convalescent.

We were pleased to see Mrs. David Ingersoll able to be with us again; also, Miss Elizabeth B. Irwin and a number of nurses who are not often with us.

Joseph B. Cooke, M.D., having arrived, the members were treated to a most interesting talk on obstetrics.

A pleasant half hour of social chat was enjoyed over the refreshments, which were a donation from Mrs. F. Hunt and Miss Greener.

MRS. JULIA M. SYRON,  
Corresponding Secretary.

**Brooklyn Hospital  
N. A. A.** The regular monthly, also the annual meeting of the Brooklyn Hospital Alumnae Association, was held at the Training School on Tuesday, February 2, and was very well attended.

Two new names were added to our membership. The chief feature of the meeting was the election of officers for the coming year, who are as follows: President, Miss Elizabeth Dewey; first vice-president, Miss Beatrice Monteith; second vice-president, Miss Grace Cameron; secretary, Miss Emily Jones; corresponding secretary, Miss Cowling; treasurer, Miss Mary E. Holt.

**Hahnemann Hospital  
N. A. A.  
Rochester** The annual meeting of the Alumnae Association of the Hahnemann Hospital, Rochester, N. Y., was held at the hospital parlors January 20, 1904.

The following officers were elected: President, Miss Elizabeth Leeke; first vice-president, Miss Agnes Duffy; second vice-president, Miss Lillian Bickle; secretary, Miss Margaret Reynolds; treasurer, Miss Ida Wainwright.

The annual reports of the various committees showed the association to be in a very flourishing condition. The association has arranged to have a lecture or talk, on some subject of interest to nurses, given at each meeting.

After the business of the evening was concluded a banquet was held in the nurses' dining-room.

MARGARET E. REYNOLDS, Sec.

**Jewish Hospital  
N. A. A.** The Nurses' Alumnae Association of the Jewish Hospital, Philadelphia, held its regular monthly meeting Tuesday afternoon, February 2, in the lecture room of the hospital. Nine members present. Routine business transacted. The committee having the "Theatre Benefit" in charge handed to the treasurer \$125.37, and, after giving a satisfactory report of their work, were discharged with a vote of thanks.

This amount toward our endowment fund was especially gratifying, as not more than a

dozen nurses sold tickets, but a number of our distant members have sent generous donations and the "fund" is growing.

Five of our members have joined the Graduate Nurses' Association of the State of Pennsylvania, and two attended the convention of the State Society in Harrisburg.

REBECCA R. HALSEY,  
Secretary.

**St. Vincent's  
N. A. A.** The graduate nurses of St. Vincent's Hospital Training School, Norfolk, Va., held a largely attended meeting in the lecture hall of the hospital January 21, when an organization known as the "Saint Vincent's Alumnae Association" was perfected.

Sister Helen, superintendent of nurses, who organized the alumnae, presided; forty members were enrolled.

The election of officers was as follows: Miss Contesse Seawell, president; Mrs. J. J. Miller (nee Miss Edwards), first vice-president; Miss Mary Moore, second vice-president; Miss Jennie Traylor, secretary; Mrs. J. A. Moran (nee Miss Dolan), assistant secretary; Miss Mary Anthony, treasurer; Miss Winnie Parker, assistant treasurer.

Meetings will be held quarterly. Next meeting on first Thursday in February, to further the plans of the association. JENNIE TRAYLOR,  
Secretary.

**Buffalo (N. Y.)  
Notes** The annual social of the Buffalo General Hospital Alumnae Association was held at the home of Miss Greenwood, 77 West Eagle Street, on the evening of January 28. Miss Keating, president of the Alumnae Association, and Miss Greenwood received the guests. There were about forty present, who amused themselves with dancing, cards, and music, followed by a supper in the dining-room.

Miss Clarine De Cue has accepted the position of superintendent of the Children's Hospital. Miss De Cue was formerly clinic nurse at the Buffalo General Hospital, and all familiar with the high character of her work, and her efficiency, feel that the managers of the Children's Hospital have been very fortunate in securing her services.

The new wing of the City Hospital for Women is completed. It contains a ward, several

private rooms, operating room and apartments for the nurses. Under the efficient supervision of Miss Kate Stevenson, and with the improved facilities, both the hospital and training school will show marked improvement.

Mrs. Lester Wheeler, vice-president, occupied the chair at the monthly meeting of the board of managers of the Children's Hospital, in the absence of the president, Mrs. Charles W. Pardee, who is in Europe. Considerable routine business was transacted and the usual reports were presented. The hospital is well filled, the children in the wards numbering forty-two. Incubators are also occupied, four little infants being cared for and prospering.

The resignation of Miss Fowliß was accepted by the board with much regret, she having done most satisfactory work as superintendent.

Miss Josephine Snetsinger, formerly superintendent of the Homeopathic Hospital, has accepted the position of superintendent of the Oil City Hospital, Pa.

Miss Florence Kennedy, a graduate of Cook County Hospital, Chicago, but now a resident of Buffalo, was one of the first volunteers to go to Butler, Pa.

Miss Nina Taylor has been engaged as clinic nurse at the Buffalo General Hospital, to succeed Miss De Cue.

Miss Cornell, a recent graduate of the Sisters' Hospital, is ill with typhoid fever. She is at the hospital, and is being cared for by Miss Lynch.

Miss Hattie Graves, of the Sisters' Hospital, has applied for a position in the Army service. She is at present at Butler, Pa.

Miss Harriet Tucker is in California for the winter.

Miss Anna Crotty spent the month of January in Florida.

#### Reception to Miss Eismann

On January 15, 1904, Miss Julia H. Eismann, of Buffalo, N. Y., graduated from the New York Polyclinic Hospital.

In her honor a reception was arranged by some of the nurses; the plans were so quietly laid that our graduate was completely taken by surprise.

The affair was held in the rooms of some of the nurses, there being a large number in attendance; each one enjoyed a most pleasant evening. At the hour of midnight luncheon was served in true bachelor-maid style. The event will make a most pleasant memory, and we all regret Miss Eismann's departure. However, we are glad to have her locate in New York for an indefinite period.

H. & E.

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**"At Home"** An "At Home" was given by the officers and nurses of the Home for Incurables, Toronto, on Monday evening, January 19. The colors which have been adopted by the training school of that institution were presented by Mrs. Mortimer Clark to the nurses on the completion of the first year's training. Mr. Ambrose Kent was in the chair. Addresses were given by His Honor the Lieutenant-Governor, Rev. Dr. Parsons, Dr. Aikins, Rev. Mr. Ingles and others. Mr. Paul Hahn's 'cello selection was as usual much enjoyed. A pleasant surprise, presented to the home, was a piano. Refreshments were served in the dining-room, after which the nurses and their friends spent the evening dancing.

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#### Metropolitan Question Club

In the latter part of October, 1903, the Officers and Head Nurses of the Metropolitan Training School, B. I., formed a club for the purpose of obtaining general information on nursing subjects and current events. The members of the "Metropolitan Question Club" meet every week, and once a month the evening is devoted to some social function. In one instance a farewell reception was given to the out-going staff, another evening found the "Club" and many of their professional friends at an exhibition of Radium at the Museum of Natural History. The Metropolitan Hospital having an X-ray Room, a very interesting evening was spent there.

The business meetings have been of the greatest benefit to the nurses as, in many instances, when certain subjects were presented they would be discussed from the various points of view before a decision had been reached.

MARTHA E. BOLLERMAN,  
Deputy Supt. Tr. S.

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#### Woman's Hospital N. A. A.

The Woman's Hospital Nurses' Alumnae Association of Philadelphia, Pa., met at the residence of one of the members, on



February 10, 1904. The minutes of the previous meeting were read and corrections made, after which the officers for 1904 were appointed. New members were admitted, and several names proposed for membership.

After business was over, Miss Whitely very kindly entertained the members and visitors at afternoon tea, which was very enjoyable.

JANE LOVE,  
Recording Secretary.

**Camp Roosevelt** The January meeting was postponed, owing to so few members being present. The February meeting was a social success. The annual meeting and election of officers will be held at the club-rooms, 155 East Eighty-third Street, New York city, March 7, 3:30 P. M. All members are urgently requested to be present, as much important business must be acted upon.

We are glad to announce that Capt. Susie F. Saunders has recovered from her serious illness, which prevented her from officiating at January meeting. Lieut. Florence Kelley has gone abroad for a few weeks. Any correspondence relating to camp business may be addressed to Miss Haltern, Lieut. pro tem., at 155 East Eighty-third Street, New York city.

**Long Island College N. A. A.** The regular meeting of the Alumnae Association of the Training School for Nurses, of the Long Island College Hospital, was held on Tuesday, the 9th inst., the president, Miss Anna Davids, in the chair. Eighteen new members were proposed, and satisfactory reports read from the various committees. A few evenings previously a very successful euchre party was given at the home of Miss Charlotte Arnold, one of the directors of the Association, for the benefit of the Registry Fund; after which a very pleasant half hour was spent in a social manner, during which a supply of cake and coffee was very liberally dispensed.

C. HALL,  
Cor. Sec.

**Medico-Chirurgical  
N. A. A.**

The regular monthly meeting of the M. C. T. S. A. A., Philadelphia, Pa., was held Feb. 1st, at 3 P. M., at 2028 Master Street, President Anna G. Davis in the chair. Several of the older nurses were present at this meeting.

One new member proposed for membership. Financial secretary's report read and approved.

Several interesting topics were discussed in a lively manner. Arrangements were completed for a dance, to be given on February 15.

A grand prize drawing will take place in the near future; notices of same will be sent when arrangements are completed.

The meeting adjourned until the first Monday in March.

ELLEN M. RITTER, Sec'y.

**Free Treatment  
for the Poor**

The proceeds of a performance given by pupils of the Pelham School of German-town, assisted by a quartette from the Philadelphia Orchestra, have been donated to the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, 1516 Green Street, Philadelphia, to enlarge the free department for the treatment of the worthy poor by massage, Swedish movements and electro-therapeutics. The sum so far donated amounts to over \$200.

**S. A. W. N.  
Addresses  
Wanted**

Will the readers of THE TRAINED NURSE supply the present address of any of the following list of nurses:

Mrs. J. H. Hickson, formerly Miss Bates; Miss Annie H. Beaton, Miss Wilhelmina Bohnert, Mrs. Clara H. Barron, Miss Lily Brand, married name unknown; Miss Elizabeth Champ, Miss Emma F. Cooper, Miss Annie Cosgrove, Miss Trella Crist, Miss Mary A. Curley, now Mrs. Robert Stewart; Miss Mary C. Daly, Miss Julia J. Deeley, now Mrs. Robert Patterson; Frances Denner, M. D., Miss Eunice C. Earle, Mrs. Sarah Ennies, now Mrs. Brooks; Miss Amy Farquharson, Miss Minnie Huff, Miss Elizabeth Hunter, Miss Julia M. Gleason, Miss Myrtle A. King, Miss Helen M. Lathrop. Mrs. Catherine Mills, formerly Miss Graham; Miss Jennie M. Graham, now Mrs. Weddle; Miss Anna H. Gray, Miss Maud Guthrie, now Mrs. Kerr; Miss Mary D. Hill, Miss Amy E. Holmes, Miss Matilda L. Johnson, Miss Elizabeth A. Kell, now Mrs. P. Carroll; Miss Mabel J. Lake, Miss Grace Lansing, now Mrs. T. S. Wills; Miss Florence Linton, Mrs. M. McCaughy, Miss Anna M. McCleary, Miss Alice McDonald, Miss K. L. McDonnell, Miss Alicia MacKenzie, Miss Janie McNeill, Mrs. E. Markey. Florence C. Marrigat, now Mrs. Petar; Miss Anna F. Casey, now Mrs. A. C. Murphy; Miss Catherine T. Mathewson, Mrs. K. Monaghan, now ———; Miss Florence M. Morris, Miss Eva Adele Penn, Miss Mary A. Powell, Lady

Elizabeth Proctor, Miss Frida Rexroth, Miss Emma Rieger, now Mrs. Lane; Miss Alberta E. Ridley, Miss Hannah Rundquist, Miss Edith Saunders, Miss Elizabeth R. Salsbury, Miss Anna D. Schultze, now Mrs. ———; Miss Lucretia L. Smart, Miss Emma F. Smith, Miss Florence A. Stickley, Miss Susie S. Summers, Miss Mary D. Talcott.

Any address supplied and forwarded to Miss R. Jackson, Secretary, Overbrook, Pa., will be gratefully received.

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#### Connecticut Nurses

The graduate nurses of the State of Connecticut, feeling the need of a State organization, held a meeting February 17, at the New Haven Hospital, New Haven.

The meeting was called to order at 3 P. M. by Mrs. M. J. C. Smith, of New Haven. Mrs. M. J. C. Smith was elected chairman of the meeting, and Miss Foulker, of Bridgeport, secretary. An address was made by Miss Sophia Palmer, of New York. There were seventy-one nurses present, representing eight towns in the State. This number also represented seven schools in the State, together with graduates of the Massachusetts General Hospital, Boston City, and Worcester City of Massachusetts, and Bellevue and New York, of New York.

A committee on constitution was appointed with Miss Gorman, graduate of Massachusetts General, as chairman, and Miss Wilkinson, of Hartford, and Miss Emma J. Stowe, of New Haven, as associates. After a short recess, Miss Gorman read the proposed constitution, which was adopted.

The following committee on by-laws was appointed. Miss Rose M. Heaven, Connecticut Training School; Miss Louise Herda, Grace Homeopathic Hospital; Miss Bradley, Hartford Hospital; Miss Bolton, Bridgeport Hospital; Miss Fisher, New London Hospital; Miss Love, Norwich Hospital; Miss Corbin, Danbury Hospital.

A committee to nominate officers for the State Association was appointed, with Miss Emma J. Stowe as chairman, and Miss Gorman, Miss Albaugh, Mrs. Anna W. Lockerty, and Miss Wilkinson as associates.

It was voted to hold the next meeting May 11, said meeting to consist of morning and afternoon sessions. In response to an invitation from Miss Wilkinson, of Hartford, it was voted to hold the next meeting there. Miss Wilkinson was elected chairman of entertainment com-

mittee for said meeting, and to choose her own associates. The meeting then adjourned.

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#### Erie G. N. A.

The Erie Graduate Nurses' Association, of Erie, Pa., at its annual meeting in January, elected the following officers to serve for the ensuing year: President, Miss Margaret McCarthy, graduate of Hamot H. T. S., Erie Pa.; vice-president, Miss Anna Metz, graduate Sisters' Hospital, Buffalo, N. Y.; recording secretary, Miss Elizabeth Brooks, graduate Hamot H. T. S., Erie Pa.; corresponding secretary, Miss Emma Lewis, graduate Hamot H. T. S., Erie, Pa.; treasurer, Miss Mollie Ingram, graduate Hamot H. T. S., Erie, Pa.

#### Massachusetts Bill Hearing

On February 15 the Committee on Public Health gave a hearing on the petition to provide for the registration of nurses. A large number of nurses were present who favored the passage of the bill.

Dr. Walter B. Bowers, of Clinton, of the State Board of Registration in Medicine, had a few minor objections to the bill. He objected to the clause which provides that the Governor shall appoint a board of five out of a list of ten submitted by the Massachusetts State Nurses' Association. It was not fair to the other associations. He also objected to the title "Registered Nurse" which the bill provides for, as there are hundreds of nurses in this State who are called registered nurses because they are registered somewhere for employment or otherwise. He objected strongly to the clause allowing registered nurses from other States to practise in this Commonwealth and expressed himself as opposed to reciprocity of this kind in either nursing or medicine.

Dr. Harvey, secretary of the State Board of Registration in Medicine, considered the bill badly drafted. He supported Dr. Bowers in most of his objections, and also said that the fee should be one dollar instead of five, as provided in the case of those who have practised for three years and who will not be obliged to take an examination.

The bill had not been reported up to the time of going to press.

#### Personals

Miss Mary M. Riddle, matron of the South Department of the Boston City Hospital, has resigned to accept the position at the Newton Hospital made vacant by the

resignation of Miss Mary McDowell. Miss Riddle has been connected with the City Hospital for seventeen years.

Miss Edna L. Boyce, of the Noble Hospital, Westfield, Mass., has resigned to accept the position of superintendent of nurses at the Clifton Springs, N. Y. Sanitarium.

At a recent meeting of the board of directors of the Union Hospital, the appointment of Miss L. Louise Warren as superintendent of the institution was confirmed.

The Board of Trustees of the McKinley Hospital, Trenton, N. J., has selected Miss E. J. McLure, of Brooklyn, to succeed Mrs. Grace B. Mott as supervisor of the hospital training school for nurses.

Miss Saidee E. Huntoon, of Lowell, Mass., has accepted a position at the Western Pennsylvania Hospital, Pittsburg, Pa.

Miss S. H. Patterson, graduate of St. John's Hospital, St. John, N. B., and post-graduate of the New York Polyclinic, has for eight months held the position of matron and head nurse of the Westchester County Hospital, at Eastview, N. Y. Miss Patterson has, by her untiring and efficient energy, proven a valuable assistant to Superintendent Long.

Miss Lunetta Miller, graduate of the Medico-Chirurgical Hospital, of Philadelphia, Pa., has accepted the position of head nurse and matron of the Adrian Hospital, Punnxsutawney, Pa.

Miss Hattie Bunnell has resigned her position as superintendent of the Emergency Hospital, Herkimer, N. Y. She is succeeded by Miss Clara G. Hurd of Norway, a graduate of the Woman's and Children's Hospital of Syracuse.

Miss Mabel Garrison, a graduate of the Wichita Hospital, Kansas, class of 1901, and who has been assistant to Dr. J. E. Oldham for the past two years, has located in Oklahoma City, O. T., and will take up private nursing.

The Ladies' Hospital Aid Society of Franklin, N. H., have engaged Miss Bessie Murray, a graduate of the Lawrence General Hospital, to succeed Miss Gertrude Morey, who completes her services as "District Nurse" this week. Miss

Jennie Curran who has held the position for the past three years, resigned January 1, and has taken up private nursing again.

Miss Helen Barnett, graduate of St. Vincent's Hospital and the New York Foundling, class 1901, is the nurse in charge of the work of the Visiting Nurses' Association of Potsdam, N. Y.

During the seven months since its organization Miss Barnett has made 650 calls.

Potsdam has a population of about 5,000. Here are located the State Normal School, the Clarkson School of Technology and the Crane Institute of Music. The work of the nurse is among the non-resident students and the townspeople. That the services of Miss Barnett are appreciated is plain from the hearty support of the Potsdam people in getting up "fairs," "charity balls," etc., in aid of the work.

The many friends of Mr. Harry Sherred, trained nurse of Alma, Mich., are pleased to see him out again after his long and severe illness.

Miss Cora Kelly and Miss Bertha Marion, who, have been acting as superintendent and head nurse, respectively, of the Michigan General Hospital at Sault Ste. Marie, have resigned their positions and have returned to Saginaw, where they will resume private nursing.

Miss Martha Russell has resigned as superintendent of nurses, West Pennsylvania Hospital, Pittsburg, Pa., and Miss Elizabeth Hanson, Episcopal Hospital, Philadelphia, Pa., now holds that position.

Miss Lucy Morris, nurse in the United States Indian Service, has been transferred from the school at Fort Defiance, Arizona, to the Osage Indian School at Pawhunk, Oklahoma.

Miss Lillian E. Bickle has resigned as assistant superintendent of the Hahnemann Hospital, Rochester, N. Y., which position she has filled for nearly a year and a half. During this time Miss Bickle, in her quiet, unostentatious way, has done much to advance the standing of the hospital by her efficiency and strict adherence to the duties of her position. Those of the nurses and patients who have come to know her at all well have been strongly impressed by her noble character, strength of purpose and great kindness.

Miss Nancy E. Cadmus, the superintendent of the Faxton Hospital, Utica, N. Y., has resigned, and will leave the city about March 1. She is to take a similar position in the S. R. Smith Infirmary at New Brighton, Staten Island.

The election of superintendent at the Woman's Christian Association Hospital, Council Bluffs, resulted in the re-election of Miss Madge Penney, who has held the position for the past four years.

This hospital is considered one of the most important in Western Iowa.

Miss Agnes P. Mahoney sailed on the *Oceanic*, February 10, for West Africa to continue her work among the natives. In 1901 Miss Mahoney resigned her position as directress and deputy superintendent of the Metropolitan Training School for Nurses on Blackwell's Island, to obey what she considered the more urgent call from the West Coast of Africa, and sailed July 27, 1901. After nearly two years of faithful service among the boys and girls of the Cape Mount Schools, she returned March, 1903, sick and weary with anxiety and care, and an unsuccessful battling with the climate. As soon as she felt able to take up the work for which she feels herself best fitted, she lost no time in making preparations to return.

Miss Barnett, who has had a position as visiting nurse at Potsdam, N. Y., since May, 1903, has resigned her position to take up private nursing.

**Married** At the residence of the bride at Englewood, Ill., Miss Maud Ripley to Mr. O. H. Roberts, by the Rev. B. F. Martin. Mrs. Roberts is a graduate of Silver Cross Hospital, Joliet, Ill. Mr. and Mrs. Roberts will reside in Joliet.

At the United Presbyterian Church, York, Pa., January 19, 1904, Miss Margaret J. Collins to Mr. William A. Cook. Mrs. Cook is a graduate of the York Hospital Training School for Nurses. Mr. and Mrs. Cook will be at home at 314 East King Street, York, Pa.

A quiet but exceedingly pretty wedding was celebrated at the Church of the Ascension, Toronto, Ont., Tuesday noon, January 19, when Miss Annie M. MacLean, of the Galt Hospital, Lethbridge, Alberta, was married to

Rev. Havelock Beacham, B.A., rector of Christ Church, Cranbrook, B. C. The bride's gown was white crepe de Chine, with garniture of real lace. She was given away by her cousin, Mr. D. Turnbull. The maid of honor, Miss Grace MacLean, of Chicago, sister of the bride, wore a pretty gown of grey crepe de Chine, pink chiffon, and large picture hat. The officiating clergy were Rev. G. A. Kuhring, rector, and Rev. Canon Farncombe, rector of St. Matthews'. After visiting friends in Ontario and across the line the newly married couple will be at home at Cranbrook, B. C., after March 1.

**Obituary** There has recently passed away one who gave her life for humanity. Miss Mary L. Makinson was born at Maltby, Pa.; died December 29, 1903, at West Pittston, Pa. She was educated in the Wyoming public schools and afterward entered the training school of the Hahnemann Hospital, Philadelphia, graduating in the class of '93. While still in training she showed great executive ability, and was selected to care for Dr. A. R. Thomas, who was dean of the college at that time, and she was given a beautiful watch for faithful service. She did private nursing for about four years, during which time she was again selected to care for Dr. Thomas in his last illness. She was stricken with an attack of appendicitis about seven years ago, and had several other attacks, but was not operated upon till three years later.

It was my privilege to care for her during her last sickness, and I found her one of the most patient and brave of sufferers, thinking of pleasures for others until the end. Miss Makinson was a beautiful Christian character, and was noted for her unselfish devotion to her profession. The following lines were her favorite sentiments:

I like the man who faces what he must.  
With step triumphant, and with heart of cheer,  
Who fights the daily battle without fear;  
Sees his hopes fail, yet keeps unfaltering trust,  
That God is good, that somehow true and just  
His plans work out for mortals; not a tear  
Is shed when fortune, which the world holds dear  
Falls from his grasp; better with love a crust,  
Than living in dishonor; envies not,  
Nor loses faith in man, but does his best,  
Nor even murmurs at his humbler lot,  
But with a smile and words of hope, gives zest.  
So every toiler, he alone is great,  
Who by his life heroic conquers fate.

—*Ether Browing.*

SUBSCRIBER.

Miss Frances E. Mahler, a nurse in training at the Polyclinic Hospital, New York, died January 31, of scarlet fever. A few weeks ago a case of scarlet fever developed in the Children's Ward of the Polyclinic Hospital. Miss Mahler volunteered her services. At the end of two weeks the child was pronounced cured. Within a few hours after her patient had been discharged Miss Mahler was stricken with the fever.

It was with deep regret that the Alumnae Association of the Methodist Episcopal Hospital Training School for Nurses learned of the death of Miss E. Margaret Pritchard, which occurred at the German Hospital, Brooklyn, N. Y., December 19, 1903, of typhoid fever.

At the last meeting of the Alumnae Association the following resolutions were adopted:

*Resolved*, That we as an Association feel that in the death of Miss Pritchard we have lost a loved friend, and the profession a most conscientious and able worker.

*Resolved*, That we, the members of the Association, extend our heartfelt sympathy to the bereaved family.

*Resolved*, That a copy of these resolutions be sent to her family and to THE TRAINED NURSE.

MARY E. ELLIS,  
DOROTY KIRKPATRICK,  
EMMA C. MILLER.

Miss Mary E. Murley, a graduate of the Reading Hospital, class of '91, died at the above hospital January 15, after a short illness, of appendicitis. Cheerful and conscientious, her death, which was entirely unexpected, left many to grieve for a kind friend and faithful nurse and a loving daughter and sister.

She served three years as supervising nurse at the general hospital at Pottstown, Pa.

*Whereas*, It has pleased God to remove from among us one of our most worthy and esteemed sister nurses, Mary E. Murley;

*Whereas*, The long and intimate relation held with her in the faithful discharge of her duties in her profession makes it eminently befitting that we record our appreciation of her; therefore, be it

*Resolved*, That we, the members of the Berks County Association of Graduate Nurses, also Reading Hospital Alumnae, deeply regret the death of our friend and faithful worker in the nursing profession.

*Resolved*, That the sudden removal of such a life from us will prove a serious loss to the community.

*Resolved*, That with deep sympathy with the bereaved family of the deceased, we express our hope that even so great a loss to us all may be overruled for good by Him who doeth all things well; therefore, be it further

*Resolved*, That a copy of these resolutions be sent to her family, that copies of the same be sent to THE TRAINED NURSE.

BERKS COUNTY ASSOCIATION OF GRADUATE  
NURSES, READING HOSPITAL ALUMNAE,

ELLA R. SNYDER,  
MARY A. DOUGHERTY,  
Committee.

It is with much regret that we announce the death of our much beloved member, Miss Margaret Holahan, who died after a two weeks' illness, at St. Mary's Hospital, January 29, of typhoid fever. In respect to her memory we adopt the following resolutions:

*Whereas*, It has pleased God to call from her field of labor one of our most faithful nurses, it is hereby

*Resolved*, To tender to her relatives and friends our deepest sympathy in their bereavement, and that we all feel that death, in claiming our well beloved sister, has taken from our midst one of the most faithful and conscientious workers in the profession.

*Resolved*, That a copy of the above should be sent to the local papers and THE TRAINED NURSE, and a record of the same be entered in the minutes of our society.

CORA M. BROWN,  
TILLIE EMENDERFER,  
LUCY LABADIE,

St. Mary's Hospital N. A. A., Saginaw, Mich.

Died in New York, January 12, 1904, Miss Charlotte E. Judd, graduate of the Connecticut Training School for Nurses. By the death of Miss Judd the nursing profession has lost a faithful and conscientious worker. Her loss will be deeply felt by those who knew her intimately.

R. M. HEAVREN.

# The Editor's Letter-box

The Editor is not responsible for the views of contributors.

## To Eliminate the Alumnae Association

DEAR EDITOR: Two years ago, before the organization of the New York State Association, much time and energy was spent discussing the merits of individual membership versus membership consisting of delegates from already existing organizations. The interest and active support of each individual nurse was needed, but in discussing this point with an officer of the Associated Alumnae, she pointed out that a State organization of individual membership would be cumbersome. I suggested that this objection could be removed by having the State Association composed of local organizations in the different counties, the local or county organizations being branches of the State Association, and represented therein by delegates. In order that the nurses of every locality should be fairly represented at the annual conventions, each county organization should be entitled to one delegate and alternate for, say, every fifty members of such county organization, to represent them at the annual meeting of the State Association. They should be entitled to vote by proxy before the annual meeting and cast a number of votes corresponding to the number of members of their county organization. This proposition was disapproved on the ground that there were already enough nurses' organizations in the field and no advantage would be gained by adding to them.

Nevertheless the County Association has been inaugurated. The County Association will be composed entirely of registered nurses. The by-laws of the State Association, on the subject of membership, which are fearfully and wonderfully made, provide for a dual membership, individual membership and delegates from local organizations. The first are required to be registered; there is no such provision with regard to the second. Under the existing by-laws membership in the State organization is independent of the County Association. The by-laws concerning admission to membership in the State Association should be equally applicable to the County Association, and vice versa, barring only the limitation of locality. Then why not do away entirely with the remarkable labyrinth of words constituting the present by-laws of the State Association on the subject of membership,

and instead have the County Associations composed of individual registered nurses, regardless of distinction of schools, and the State Association composed wholly and entirely of delegates from the County Associations, as stated before in this letter, also in my letter published January, 1902? To admit delegates from nursing organizations, such as Alumnae Societies, only adds an unnecessary complication, as such societies are not likely to be composed only of registered nurses, unless some very radical reorganization takes place, also members of such societies may prefer to join as individuals. Alumnae Associations are all right in their place, they have their own sphere of work, but I am convinced that both the State and the County Associations would be much broader and stronger organizations if such school distinction be eliminated.

B. VAN HOMRIGH STEVENSON,  
823 Park Avenue, New York City.

6\*

## Obstetrical Nursing

DEAR EDITOR: In the various articles or letters you have published from time to time, I have seen none giving enlightenment on the subject of nursing ethics as applied to obstetrical work. Are there any fixed rules in these matters, or is every nurse a law unto herself? I have looked for such information in various excellent books on nursing ethics, but have in all cases met with disappointment. To illustrate: I am engaged to care for a patient from January 25 on. Late in December I go to a patient who becomes critically ill, so much so that a change of nurses would do serious harm. The maternity case requires my services a fortnight before the date of engagement. What should one do under such circumstances?

Again, I am engaged for February 1, the patient does not require my services till three weeks later. Before I have been with this patient a fortnight, I am summoned to one on the very day on which I am engaged to go to her. Should I not go to patient number two? But suppose patient number two comes before her time, should I leave patient number one?

A physician once told me to use common sense, and not cater too much to one patient, but this is not definite. If the patients are under the care of one physician, he often can and will

arrange things so as to cause no friction, but if this is not the case, hard feelings are apt to ensue. If there is any fixed rule of correct procedure perhaps you will kindly enlighten my ignorance as you have done on various occasions in the past. I take this opportunity to tell you that your magazine has been of the greatest value to me during the past year, and that I renew my subscription with great pleasure.

Sincerely yours,

FLORENCE M. JONES.

[There can be no fixed rules for these cases. It would be impossible to form a code that would be applicable to all emergencies. The nurse who intends to make a specialty of obstetric nursing must make allowances for inaccuracies of dates. It is no unusual thing for the call to come two weeks before or two weeks after the anticipated time, and experience will soon teach what to expect. In the case first mentioned when the nurse found that it might be a long one, she should have explained the situation in regard to her maternity engagement to the physician and family at once, and had the change of nurses made before it could do serious harm to the patient. She would then be at liberty for her maternity case. In the second case we think there should have been no difficulty, for when the nurse found that the case for February 1 was so much overdue she should have informed her patient of her other engagement, and either had an understanding that she was at liberty to leave when the call for the other case came or else have given patient number one the privilege of securing another nurse. The next case is rather more difficult, and would depend on circumstances. A safe plan, however, is not to make engagements too close together in this work. We hope that nurses who have had experience in these difficulties will let us hear how they managed.]

✂

DEAR EDITOR: I have been a subscriber to THE TRAINED NURSE for nearly three years, and have been much pleased with the benefit derived from its columns. I make a specialty of maternity work, and each case develops some new points for consideration and I will venture for the first time to ask a few questions.

How many days after child-birth should liquid diet be continued if the conditions are normal?

If a milk diet be ordered, how much should be given in twenty-four hours to the average patient who is nursing her babe?

Will a patient be subject to indigestion on a

milk or gruel diet, sufficient to cause a high temperature?

When should douches be given? How often should tablets containing Hydrarg. Chlor. Corros. 7-7 grs., and Ammonium Chloride 7-3 grs., be used?

Is there any reason for not giving fish to the patient, and if so, what?

Dr. A. Worcester's article mentioned editorially in the February issue was of interest to me. I do not think too much can be said on the subject.

H. A. L.

Waterville, Me.

[The liquid diet should be continued for three days.

The quantity of milk from one and one half to two pints. A little more than this if the patient bears it well and there is not a tendency to over-secretion.

Some other cause for the high temperature would be indicated, possibly the milk secretion.

The possible dangers attending the use of a vaginal douche are such that it has come to be understood that no vaginal douche should ever be given by the nurse, except in compliance with the express orders of the physician. The physician will also instruct the nurse as to the solution to be used.

The best authorities agree that the statement that fish cannot be given to the lying-in patient is more of a superstition than one having any practical foundation.]

✂

#### Improvements in State Hospital

DEAR EDITOR: In the January issue of THE TRAINED NURSE there appeared an article concerning the great improvement wrought by Superintendent Crumbacker, of the State Hospital for the Insane at Independence, Iowa. This improvement consisted in giving over the wards of violently insane to the entire charge of women nurses. Being a graduate of a State Hospital Training School, I venture to give my criticism on the subject.

When the experiment was first tried, it was claimed that it was solely to benefit the patients, institution and nurses, rather than to improve outward appearances; but having had personal experience in the work, my opinion has been that the important feature was to adorn outward appearances, etc. No one can doubt that a department in charge of female nurses will have cleaner-looking wards than a like department in charge of male nurses who are not compelled to properly perform their work. I fear

no benefit comes to the female nurse compelled to spend her time in wards with violent insane male patients. I think very little choice was given the nurses. Perhaps such choice as "will you accept this department or will you quit the institution?" We all know that it is held that women make the best nurses; but when it comes to placing them in wards with violently insane male patients, I think it is totally out of all reason, and feel that the work belongs to male nurses, who should be compelled, as female nurses are in such schools, to properly perform the work. We have heard the voice of the one who has tried the experiment, and now we should like to hear from the demonstrators.

AN IOWA NURSE.

✽

**Measles** DEAR EDITOR: You have so kindly answered questions for me before, for which I thank you heartily; I wish your view on the contagious quality of measles.

Can measles be carried in the clothing? Transmitted to a third party by one going where measles are in full blast and then back to one who has not had them? Please make this point plain in your next copy of *THE TRAINED NURSE*. Thanking you.

Respectfully,  
(MISS) O. CAMPBELL.

[According to the best authorities, Yes. Measles is now placed with the contagious diseases, and the same precautions advised as in scarlet fever. We would refer you to Miss Marion E. Smith's article in October, 1907, issue, and Miss Constance V. Curtis' article in February issue.]

✽

**Visiting Nursing** DEAR EDITOR: Will some nurse who has had experience in the work, please give list of prices for visiting nurse, and can the work be carried on successfully? Thanking you in advance,

A NEW HAMPSHIRE SUBSCRIBER.

✽

**Pupil Nurses** DEAR EDITOR: Will you please get some one to write a strong article for *THE TRAINED NURSE*, opposing the sending out of nurses while in training or undergraduates. I am a graduate of Charity Hospital, of New Orleans. I live here with my parents, and began work two years ago, just after graduation. There were no other nurses here then; they came only occasionally, as called. I have been very successful. Within the last year some of the doctors have opened up a sanitarium and are sending out nurses who have only been

in training seven or eight months, at the regular price. I don't think this is fair to the graduate nurse. Please, somebody, say something.

A GRADUATE NURSE.

✽

**A Nurses' Badge**

DEAR EDITOR: I should like to make a suggestion, and get the opinion of other nurses on the subject through the columns of your magazine. It is that all graduated nurses wear a red cross marked with the letters T. N. or R. N. (if registered nurses) with their uniforms.

The idea was suggested by incidents which happened to me. I was called to a case by the family. The physician, a stranger to me, before giving directions about giving medicines hypodermically, said, "Are you a graduate?" A very reasonable question, as there is no difference in the uniform of the graduate and the undergraduate nurse.

At another place there were little children with their nurses. I heard them talking about the difference between their nurses and their grandmother's trained nurse. One said a trained nurse wore aprons with a straps over the shoulders and their nurses did not wear such aprons, but a nurse present told her that some of her aprons had straps. So the little ones were at a loss to find any distinction, although any one could tell by their talk that they thought a trained nurse a little more important than their nurses. Some of our large stores employ an emergency nurse. As she dresses in uniform, a uniform used in many occupations, and her office is connected with the ladies' parlor, many not thinking of a nurse being employed in a store, take her to be the parlor matron.

Then our uniform would not be seen so often on the street. Most graduates do not like to see our uniform made so conspicuous. I have found on inquiry in different cities that many whom I supposed were trained nurses were attendants in some insane asylum, or some who were waiting on the sick but had never graduated. They liked to wear the uniform as many would take them for trained nurses. If we pretend to have a uniform let us have some mark which will belong exclusively to our profession and all will not feel at liberty to use.

I suggest red cross as, through the work of the Red Cross Society, we have learned to associate it with sickness. Even children, seeing it on the ambulance, associate it with sickness.

These letters can be universal, while the initials of our Alma Mater might be significant in



our city, but to be worn in another State or country they would have to be interpreted

S. L. B.  
San Francisco.

✧

**Please  
Explain**

DEAR EDITOR: Please explain in THE TRAINED NURSE AND HOSPITAL REVIEW what is understood by *recognised* training schools, and who is to be judge in the matter. Does any body constitute judgship, holding out their own school as the banner school?

What is the Philippine Service? Is it army service, or is it connected with the schools like the Indian service? Respectfully,

L. E. MORRIS.

[Please refer to editorial comment in this issue in answer to question No. 1.

The Philippine Service to which you refer is not connected with the army service, but with the civil government, and will correspond with the Indian service. See page 41, January issue.]

✧

**An Apology  
Due**

DEAR EDITOR: Will you please answer this question in the next number of the magazine. If a paper or magazine makes a statement in its columns which is quite incorrect, and which causes great inconvenience and annoyance to others, is not an apology due as early as possible after the publication of the mistake? I would say that the mistake was not made in THE TRAINED NURSE.

Yours very truly,

MARCELLA L. CRAWFORD.

[The same rules of good-breeding and courtesy apply in journalism as elsewhere. A mistake such as you mention should certainly demand an apology. We are glad to know that the mistake was not ours.]

✧

**Volunteer  
Army  
Nurses**

DEAR EDITOR: Permit me to invite the attention of the readers of your valued publication to the following statement.

The Surgeon-General has deemed it advisable to open in his office what shall be known as the "Eligible List of Volunteer Nurses." The names of acceptable graduate nurses who are willing to serve in time of war or national emergency will

constitute this list, and the requirements for enrollment shall be as follows:

Applicants must have graduated from a training school for nurses which gives a thorough professional education, both theoretical and practical, and which requires at least a two years' residence in an acceptable general hospital of not less than fifty beds. Graduates from special hospitals, from insane asylums or private sanatoria, will not be considered, unless their training has been supplemented by not less than six months in a large general hospital.

Application for enrollment must be made to the Surgeon-General, and before being accepted the applicant must submit the following:

1. A statement of her physical condition filled out in her own handwriting and sworn to before a notary public.

2. A certificate of her health from at least one reputable physician personally acquainted with the applicant.

3. The name of the school and the date of her graduation.

4. A certificate concerning the moral, physical and professional qualifications of the applicant, as shown by the records of the hospital, will be furnished by the superintendent of the training school from which the applicant graduated. If she has trained under a former superintendent of nurses, her endorsement is also desirable.

Blanks for these purposes will be furnished by the Surgeon-General.

Approved candidates will be placed on the eligible list for appointment in event of war or national calamity.

Each nurse must agree to enter active service as she may be needed in time of war or national calamity. On the first of January and the first of July of every year she shall report by letter to the Surgeon-General, giving her address and enclosing a certificate from some reputable physician showing the condition of her health at that time.

When called into active service these nurses will be subject to all established rules and regulations and receive the pay and allowances of nurses of the Army Nurse Corps, as set forth in General Orders, No. 54, War Department, November 16, 1903. Very respectfully,

DITA H. KINNEY,

Superintendent, Army Nurse Corps.



# The Hospital Review

At the sixth annual meeting of the National Sanitarium Association, held in Toronto, Ont., the reports of the officials of the Muskoka Cottage Sanitarium and the Muskoka Free Hospital for Consumptives were of a very gratifying character, bringing the work of the association up to September 30. The year has been the most progressive in the history of the association. The number of patients in residence at the older institution, the Cottage Sanitarium, has been the largest in the history of the institution, running latterly from 65 to 69 each week. New roofed tents are now being built to bring up the accommodation of this institution to 75. The medical results attained have been of a very satisfactory character.

A proposal was made at the meeting to establish a nurses' training school in connection with the institutions of the association, and a committee was appointed to deal with the question. A laundry plant has been purchased and buildings are now being erected at Muskoka, where it will be installed, and the work for the two institutions done on the premises.

At the annual meeting of the Board of Trustees of the Toronto Orthopedic Hospital, the president, Rev. Dr. Potts, referred in his annual address to the greatly awakened interest in orthopedic surgery which has occurred during the past year as the result of the visit to this country of Dr. Lorenz, and pointed out that the Lorenz bloodless method of treatment had been in use in the Toronto Orthopedic Hospital for several years.

The audited financial statement showed that the current income for the year was \$17,942, with an expenditure of about an equal amount. The medical report showed that 353 patients had been admitted during the year, and that the average stay of each patient was 35.72 days. Although the financial report was regarded as highly satisfactory, the trustees are ambitious not only to free the hospital from debt, but to secure such an endowment fund from its friends that its work of relief to the lame, crippled and deformed may be constantly increased.

The medical staff of Asbury Hospital, Minneapolis, Minn., was re-elected at the meeting of the hospital board held at the home of Mrs.

Sarah H. Knight, January 21, and a rising vote of thanks given Dr. F. A. Dunsmoor, who announced that it would be impossible for him to continue to act as medical director.

No positive action was taken looking to the selection of Dr. Dunsmoor's successor, but a petition was received from the members of the medical staff asking permission to name Dr. Dunsmoor as president. Mrs. Knight, W. J. Dean, J. H. Kerrick, H. M. Farnam and T. A. Jamieson were made a committee to confer with the staff on the subject.

The board elected the following officers: President, Bishop I. W. Joyce; vice-president, P. D. Boutell; secretary, H. M. Farnam; treasurer, T. A. Jamieson; chairman deaconess' home committee, Mrs. I. W. Joyce; superintendent, Mrs. Sarah H. Knight; assistant superintendent, Sybil C. Palmer.

Following the meeting supper was served.

At a meeting of the Iroquois Memorial Association in the Monadnock Building, Chicago, Ill., January 18, Chairman A. E. Hull announced that he had received assurance that 2,000 Chicago physicians would subscribe largely to a fund to erect a ten-story emergency hospital on the site of the Iroquois Theatre as a memorial to those who lost their lives in the theatre fire.

Mr. Hull assured his audience that one physician had promised to start the fund with \$5,000, and further said he had been informed on good authority that if the Iroquois Theatre Company could be induced to surrender its lease, the owners of the land would donate it for memorial purposes.

The building commissioner of Chicago has notified eight hospitals to receive no new patients until alterations shall have been made and new safety appliances against fire introduced. Of all buildings, hospitals should be held to the strictest compliance with fire regulations.

Charles R. Bishop, formerly of Honolulu and now a resident of San Francisco, has provided for the erection and endowment of a home at the leper settlement on the island of Molokai for blind leper women.

THE DRINK QUESTION is readily solved  
to the satisfaction and health of all by

# Walter Baker & Co's Breakfast Cocoa.



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Pleasing to the taste,  
Nourishing to the system,  
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a pure soap, and because they  
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## Glenn's Sulphur Soap

The original and best combina-  
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has the same sweetening, heal-  
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Be sure and get **GLENN'S**.

For sale by druggists generally or mailed  
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## The Best TONIC

When you are all tired out, feel weak,  
sleep does not rest and the digestion  
and appetite are poor, there is no reme-  
dy so effective as **Horsford's Acid  
Phosphate**. It is a nerve food and  
a tonic that nourishes and strengthens  
the entire system. Insist on having

### **Horsford's** **Acid** **Phosphate**

If your druggist can't supply you, we will send small  
bottle, prepaid, on receipt of 25 cents.

Ramford Chemical Works, Providence, R. I.

At a meeting of the joint hospital committee of the city council of Kansas City, Mo., held January 29, it was decided to urge the securing of quarters immediately for an emergency or overflow hospital, to be used until the congestion of the present hospital is relieved. An ordinance to provide the necessary appropriation will be introduced at the next council meeting.

The hospital is now crowded beyond its capacity and patients have to be turned away daily.

&

The Englewood Hospital of Englewood, N. J.,

Christmas was a very happy day at the Laura Franklin Free Hospital for Children. They woke in the morning to find that three large evergreen trees had grown out of the floor after they had at last gone to sleep. These trees, as well as being full grown, were covered with snow and the strangest kinds of fruits, which on examination proved to be toys and ornaments of all kinds.

Before their wonder at this had worn away, a fine Christmas dinner was served and then came Santa Claus.



CHRISTMAS HAMPERS FOR THE LAURA FRANKLIN HOSPITAL

has the recent addition of a well-equipped laboratory, the need of which has been much felt.

Among the other improvements is a modern drying room in the laundry, the electric lighting in the Dispensary Department, and the addition of new rooms on the second floor.

Upon the resignation of Dr. S. Justina, who was resident physician for three years, Dr. Valentine Ruch, Jr., graduate of Cornell University, class of 1901, was appointed resident physician, and Bertha G. Russell, graduate of Bridgeport General Hospital, Bridgeport, N. J., class of 1900, as superintendent.

We were in Ward I when a large packing case was brought up on the elevator. No one seemed to know where it was to go, so the house doctor put it on a truck, rolled it into the ward and opened it. Out hopped the funniest little Santa Claus, all in red, even to his shoes. He danced with the children who were up, jumped over and ran under the beds, and gave toys and candy to every one.

After a while some one caught him, put him back in his box, nailed it up and sent it on to another ward.

At first a few of the smaller folks were afraid

HAVE YOU EVER TRIED that "Dainty Woman's Friend," HAND SAPOLIO, for toilet and bath? It is a delicate preparation of the purest ingredients, a luxury but also a necessity to every man, woman, and child who desires the beauty of perfect cleanliness.

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DON'T INFER that the patient ate a horse because you saw a saddle under the bed. HAND SAPOLIO is related to Sapolio only because it is made by the same company, but it is delicate, smooth, dainty, soothing, and healing to the most tender skin. Don't argue, Don't infer, Try it!

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HAND SAPOLIO SAVES doctors bills, because proper care of the skin promotes healthy circulation and helps every function of the body, from the action of the muscles to the digestion of the food. The safest soap in existence. Test it yourself.

of him, but this did not last long, and now they tell great tales about Santa Claus.

Many of the children had the first, and possibly the last, Christmas of their lives.

~

**Advertisements** have been sent out, inviting competitive plans for the building of a State hospital in Pennsylvania for the cure of epileptics, for which a State appropriation of \$50,000 has been made.

The committee will select a site for the hospital during the month of May. The advertisements were issued by the commission, of which Dr. T. C. Fitzsimmons, of Wilkesbarre, is a member.

~

**Attorney-General Carson** will deliver the address at the opening of the new \$165,000 building of the Medico-Chirurgical Hospital, Philadelphia, Pa., on February 23. The capacity of the hospital will be increased about twenty-five beds, and every modern improvement in hygiene has been embraced in the reconstruction of the building, which was wrecked by an explosion about eighteen months ago.

There is not an angle in the building. Everything is curved. The walls and ceilings are finished in enamel paint, while the lower part of the walls to a height of about five feet is covered with tiling. A nurses' home is among the features of the new building.

~

**The plans and specifications** for the proposed \$300,000 addition to St. Agnes' Hospital, as Broad and Mifflin Streets, Philadelphia, Pa., on the southern section of the grounds, have been finished by Architect Edwin F. Durang. They have been submitted to the Building Committee of the hospital, and must be approved by the committee before proposals for the work are invited.

The drawings provide for a four-story stone building, with a basement, to measure 125x50 feet. The style will correspond with the design of the other building of the institution. The first and second floors will be fitted up with private rooms; third with nurses' rooms and children's wards, and there will be two operating rooms and wards on the fourth floor. The basement is to be equipped for the out-patient clinics.

~

**The report** of Miss Elin K. Kraemer, the former superintendent of the Lackawanna Hos-

pital, Scranton, Pa., shows that the number of patients treated in the hospital exclusive of the patients at the dispensary for the fiscal year ending May 31, 1903, were as follows: Surgical cases, 670; medical cases, 338; special cases, 101; making a total of 1,109, as compared with 1,045 for the preceding year. Of this total number of cases 586 were cured, 223 were improved, 4 were unimproved, 110 died, 108 were removed, and 78 remained.

At the dispensary during that year 4,165 patients were treated. Of this number, 1,103 were surgical and 3,062 were medical. The total number of visits made by patients was 7,047, and the total number of prescriptions issued was 6,925.

Of the 110 deaths which occurred in the hospital during the year ending May 31, 1903, twenty-eight occurred within twenty-four hours after being admitted, and eleven within forty-eight hours after admission.

In a letter to the board of trustees, dated January 30, 1903, Miss Kraemer called attention to the overcrowded condition of the hospital, and urged the immediate erection of suitable buildings to give proper accommodations. Miss Kraemer in her letter declares that at that time the hospital was being called upon to treat from eighty to one hundred patients daily. Because of lack of room many applicants for admission had to be turned away. Other hospitals in the city, it was stated, were likewise overcrowded. Miss Kraemer called attention to the fact that should a serious accident occur in this city, or district, the hospital would be utterly unable to accommodate a single additional patient. That was the situation a year ago and which is still confronting the hospital authorities to-day.

There are now in the hospital twenty-five nurses, of which number thirteen are in the senior class and ten in the junior class. There are two probationers. A home, or club house, for graduate nurses is suggested in the report.

~

**The sanitarium** for consumptives at White Haven, Pa., is attracting considerable attention on account of the number of cures effected, and notwithstanding that the temperature had fallen to 30 degrees below zero during the recent cold spell, every one of the 103 patients is recovering.

The good work being accomplished at White Haven has induced Dr. W. H. Clewell and a number of Carbon capitalists to establish a similar institution near Summit Hill, and the

# We Suggest

that physicians desirous of investigating the subject of iron absorption should study the physiological chemistry of the vegetable nucleo-proteids and their relation to the normal iron supply of the blood.

This will lead to a consideration of

## Hemaboloids

a concentrated solution of the nucleo-proteids isolated from iron-rich vegetables plus tissue reconstitutives. Interesting literature upon request.

*The Palisade Mfg. Co.  
Yonkers, N.Y.*

AK

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**Antikamnia Tablets**  
OPPOSED TO PAIN.

**A POSITIVE RELIEF**  
For Headaches, Neuralgias, Women's Ills and For All Nerve Pain  
No Matter Where.

**"Antikamnia Tablets"**  
ADULT DOSE: Two Tablets Every Three Hours  
For Tickling Coughs, Hacking Coughs, Night Coughs, Consumptives'  
Coughs, Deepseated or Otherwise, and for Severe Pains,  
Particularly Ovarian and Pelvic

**"Antikamnia & Codeine Tablets"**  
ADULT DOSE:  
One or Two Tablets Every Three Hours  
Samples and Literature on Application  
**THE ANTIKAMNIA CHEMICAL COMPANY**  
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AK

When you write Advertisers, please mention THE TRAINED NURSE

work will be started in the spring. The climatic conditions there are considered excellent, and cases can be treated at low cost. It is also expected that an appropriation can be secured from the State.

~

Miss Emily A. Watson has given \$100,000 to the New York Orthopedic Dispensary and Hospital for the establishment of a branch at White Plains. Miss Watson has also agreed to endow the new home with a fund of \$250,000, which makes the total amount of her gift \$350,000. She is a member of the hospital board of supervisors.

~

The board of managers of the New York State Hospital for the Care of Crippled and Deformed Children wish the names and addresses of poor children who are crippled or deformed. Such information will be gladly received by the authorities. Address all letters to the surgeon-in-chief at Tarrytown.

~

The Newton Hospital corporation held its annual meeting at the Nurses' Home in Newton Lower Falls early last month. The annual address on the work of the hospital in 1903 was delivered by Dr. William O. Hunt, chairman of the executive committee. During the year 814 patients received treatment, at an average cost of \$14 a week, in the general wards, and \$20 a week in the contagious ward. This was an increase in expense to the hospital over 1902, due to the fact that fewer patients had received treatment in the contagious ward, while the expense of maintaining the ward did not greatly vary from year to year.

Dr. Hunt said there is great need of a new building for a maternity ward. During the year private patients paid \$10,378, an increase over 1902. In the public wards about one fifth received treatment without expense to themselves, while nearly one third paid nothing or merely the cost of treatment. But for the liberal contributions of the churches on "Hospital Sunday," the institution would have been greatly hampered in its work for the sick poor.

Dr. Hunt called attention to the resignation of Miss McDowell, for eleven years matron of the hospital, and of the appointment of Miss Mary M. Riddle as her successor, the new matron to take charge March 1. The appointment of Dr. J. R. Phelps of Malden as house officer was commented upon.

Christ Hospital, Cincinnati, Ohio, opened February 1, for the reception of patients, after having been closed six months undergoing repairs.

The entire institution now presents a new appearance. Several additions have been made and appliances introduced which make the hospital up-to-date in every respect.

The water supply is adequate for all requirements. There is also a new laundry, and power house forty by eighty feet.

In the basement have been placed two large boilers with furnaces beneath and engines for running the entire plant, which consists of dynamo, laundry machinery and ice-making apparatus. There is also a cold storage room, where meats, butter, eggs, fruits, vegetables, milk, etc., can be kept fresh in the warmest weather.

The story above the basement contains the laundry, sewing room, housekeeper's office and dressing and toilet rooms. The new tower on the south side of the hospital contains the elevator and stairway, with fire escapes made of iron, and cement floors.

The basement provides laboratory, store-rooms for pharmacy and house supplies; two sleeping rooms, dark closet for canned fruit, large diet kitchen, where all the cooking for patients is done.

On the first floor is a sitting room for convalescent patients. It is furnished with rattan cots and easy chairs, books, etc. Between this and the public office is a private office for the superintendent, supplied with telephones which reach all parts of the house.

The fourth floor, before remodeling, accommodated about thirteen patients. Now about forty beds and cribs have space.

This floor has a department for nervous cases, separated from the other part of the house by a double partition and double doors, a room for eye patients, an operating room, diet kitchen, children's ward with twelve beds, children's recovery room, babies' ward, with cribs; maternity ward, with six beds, and two private maternity rooms, a maternity surgical room and bath.

The entire house has been painted inside and out and all woodwork grained. There are now accommodations for 100 patients, with an outside addition for the forty-five deaconess nurses. The cost of the improvements exceeds \$60,000.

Miss Hannah M. Price is superintendent, and Miss M. Ewan supervisor of nurses.



# THE NAUHEIM OR SCHOTT TREATMENT

by Carbonated Saline Baths is given with the Triton Effervescent Bath Salts. Results identical with those obtainable at Nauheim are produced. This method of treatment is indispensable in many forms of **Cardiac Disease**, and is of the greatest value in **Rheumatism**, **Neurasthenia** and wherever a disordered circulation plays a part.

Among many to whom we have permission to refer are: Dr. Simon Baruch and Dr. Wm. H. Thomson of New York; Dr. R. H. Babcock and Dr. Clarke Gapen of Chicago; Dr. Alfred Abrams of San Francisco.

We shall be glad to send our manual on request.

## The Triton Co., Saratoga Springs, N. Y.

J. C. MINOR, Jr., Manager

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Extensive Burns are the severest tests of a surgical dressing. The supremacy of UNGUENTINE in the treatment of such cases is acknowledged by all who have used it. It is best, not only for burns, but for all inflammatory conditions and surgical cases where an ointment is applicable. Its range of usefulness is remarkably wide.

For Samples and Clinical Notes on Unguentine or its Adjuncts, Address

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London, E. C.

Henry Phipps, the philanthropist, has given the Johns Hopkins Hospital, through Dr. W. A. Osler, \$20,000 to establish a separate out-patient department for consumptives at the hospital.

When this announcement was made by Dr. Osler it came as a pleasing accompaniment to the tuberculosis exposition being held in McCoy hall of the Johns Hopkins University. It also makes the most important victory of the war against the "white death," which a small band of physicians and laymen has been fighting in Baltimore for some years.

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It is reported that the Johns Hopkins Hospital is one of the heaviest losers by the fire in Baltimore. The hospital owns real estate in the city whose value has been placed at not far from \$2,000,000. A list of the buildings owned by the hospital and burned was examined, and the estimate was made that the hospital's loss will be very close to \$1,000,000.

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The Sisters of Charity of St. Thomas Hospital, Nashville, Tennessee, celebrated the anni-

versary of the new hospital's opening by a reception on January 29, and made this the occasion for extending a cordial welcome to the general public and of providing with grateful acknowledgment a faithful summary of the work done during the past year.

The figures for 1903 indicate a most encouraging increase of patients, as the following statement will show:

	1902.	1903.
Private patients .....	270	343
Ward patients .....	244	277
Charity patients .....	56	98
Total .....	570	718

There are at present eighteen nurses in the training class, and on each floor there may be found a senior nurse, under the supervision of a Sister, who is a graduate nurse. The course for nurses is three years, but there are a few who, because of the efficiency they have achieved before the expiration of their term, have occasionally been called outside for short intervals in special cases.

**West Jersey T. S. A. A.** A social meeting of the Alumnae Association of the West Jersey Institute for Training Nurses, Camden, N. J., was held on February 19, at 8 P. M., at the home of Miss Lilian Macferren. An interesting paper on "Personal Experience in Diphtheria Nursing" was read by Miss Emilie I. Raub. Subjects of interest to the members were discussed, after which a dainty lunch was served, and the meeting adjourned.

MARY A. CRAIG, M. S. N., Secy.

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**Personal** Miss Garrison, who graduated in The Wichita Hospital and Training School, Wichita, Kan., has located and will do private nursing in Oklahoma City, Okla.

Miss Edna Holland has returned from a three months' visit in Kansas and Indian Territory, and is doing private nursing in Cincinnati, Ohio.

Miss Jessie Hammer has finished a post-graduate course in the Presbyterian Hospital, of Chicago, Ill., and has resumed her position as

special nurse to Dr. J. E. Oldham, in Wichita, Kan.

Miss Fie Baldwin, graduate of Wichita Hospital and Training School, Wichita, Kan., has accepted a position in The Illinois Charitable Eye and Ear Infirmary in Chicago, Ill.

Miss Lydaho Rupert, graduate of The Retreat for Sick, in Richmond, Va., is located in the Nurses' Home in Cincinnati, and is doing private nursing.

**S. A. W. A. Obituary** With sorrow her comrades heard of the death of Mrs. I. Francis Richardson, *nee* Lottie Duckworth. Mrs. Richardson died January 15, of tuberculosis, at her home in Husum, Washington.

She entered the Nurse Corps November 15, 1898, and was discharged June 20, 1901, serving in San Francisco, and later on in First Reserve and Santa Mesa, Manila, Philippine Islands.

LENA WILSON,  
Rec. Secy., S.-A. W. N.

# LISTER'S TOWELS FOR WOMEN



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**Lister's Towels** are indispensable to the business woman, the trained nurse and any woman who walks a great deal. They are pads of the finest absorbent cotton and cellulose sheets, incased in tubular woven gauze and sterilized. This material immediately absorbs and diffuses all fluids, which prevents the pad from becoming soggy and uncomfortable.

**Lister's Towels** are the most satisfactory article yet contrived for comfort and hygienic cleanliness; they may be destroyed by burning, cost less than the washing of an ordinary towel and may be fastened to any pattern belt or to the clothing. Physicians, nurses and obstetricians strongly endorse them.

**Lister's Towels** are sold in department stores and dealers in ladies' toilet goods at 25 cents a dozen. By mail postpaid, in plain wrapper, 25 cents a dozen.

Send for free sample to

**THE LISTER SURGICAL COMPANY**  
100 WILLIAM STREET, NEW YORK CITY



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ARE SHOWN IN OUR  
NEW BOOKLET

It contains pictures showing just how they look.

It gives the prices of each article.

It shows the colors and materials they are made in.

This booklet sent free of charge to nurses who ask for it.

## Ready to Wear—Made to Order

UNIFORMS, COLLARS, APRONS, CAPS, CUFFS  
SURGICAL GOWNS, KERCHIEFS, BIBS  
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LIKE  
THE  
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OF A  
HOUSE

WHEN a man builds a house he takes care to first prepare a firm foundation.

When a physician begins the treatment of an anæmic or chlorotic patient, he must first consider the "building of the blood," the fountain and foundation of healthy life.

## Pepto-Mangan ("Gude")

Supplies the necessary oxygen and haemoglobin-carrying elements and thus successfully builds from the foundation upwards in cases of

**ANÆMIA, CHLOROSIS, AMENORRŒA,  
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Prescribe PEPTO-MANGAN "GUDE" in original 3 xl bottles to avoid substitution. IT'S NEVER SOLD IN BULK.

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NEW YORK.

When you write Advertisers, please mention THE TRAINED NURSE

# Book Reviews

*Applied Materia Medica.* By J. Henry Schroeder, Ph.G., M.D. 12mo. 130 pages. Handsomely bound in cloth. Price, \$1.25.

This book is written *for the nurse* by an author who as teacher has met and recognized the need of such a work in the classroom of the hospital training school; who has had exceptional opportunities for observing the needs of training schools in this branch of study, and who is universally conceded to be well qualified to write on this subject. The arrangement of the book is as follows:

The first part explains the simplest observations the nurse may make, and gives a general consideration of drugs and pharmaceutical preparations; the different methods of using and administering drugs, and the different modes of action of drugs, and dosage. Then follows the consideration of the drugs commonly used in wards and sickrooms; especial stress being laid upon the description and use of such drugs the efficiency of which depends upon proper procedure on the part of the nurse. Thus this book serves as the text-book for the class room, and is, at the same time, a guide in handling drugs in the daily work of the hospital ward. It covers every stage of the systematic progress of the nurse in training.

With all these practical features, the scientific character of the subject has been preserved and is well presented throughout the text. Written by one who knows the difficulties that the proper conception of this subject presents to the nurse, and who is guided in his treatment of the matter by the wish to overcome just such difficulties, and help the nurse to pursue this study with pleasure and profit, the book commends itself to teacher and pupil alike, and has, indeed, already met with the hearty approval of superintendents of nurses and hospital pharmacists.

In order to give our readers a better idea of the scope of the work, we quote the following from the chapter on The Vegetable Drugs:

"Alkaloids are but slightly soluble in water, or wholly insoluble in that liquid. They are soluble in Alcohol, Chloroform or Ether. The best solvent for the *salts* of the alkaloids, however, is water. (Example, Morphine (alkaloid) is only very slightly soluble in water, but Morphine Sulphate (salt) is very soluble in water.) Solutions

of alkaloids, or preparations containing alkaloidal drugs, are incompatible with certain substances, which precipitate the alkaloids from the solutions. Among such substances are the *hydrates* of Potassium, Sodium, Ammonium, Calcium, etc., and the *carbonates* of these bases; also preparations of Tannic Acid, the Iodides and Bromides. Serious accidents may happen if the alkaloids are precipitated, and the patient receives the aggregate amount of alkaloid in one (last) dose. Such incompatible mixtures should, therefore, not be used. Inasmuch as this precaution is not always observed, it is well to shake the bottle containing medicine before administering it to the patient.

"Alkaloids in their pure state are usually crystalline solids, but they may be volatile liquids. Among the alkaloids we find some of the most potent substances, such as *Strychnine*, *Atropine*, *Morphine*, etc. Some of them are, comparatively, less potent (example, Caffeine). Equally potent principles are also found among other classes (as Glucosides).

"The nomenclature of alkaloids, as adopted in the Pharmacopœia, is definite. The names end, in the English language, with *ine* (Morphine); in Latin, with *ina* (Morphina), distinguishing them at once from other active principles. The name, as a whole, generally bears some relationship to the drug from which the alkaloid is derived or to the character of its action upon the human body.

"*Glucosides* are constituents of plants. They may be the active principles of the plants, or may be devoid of any medicinal action, and occur along with other (active) constituents. Glucosides are so called because they may be decomposed under certain conditions into *Glucose* (a sugar-like substance) and some other decomposition products. The nomenclature of Glucosides is also definite, the English names ending with *in*, the Latin names with *inum* (example, Digitalin, Digitalinum). As a class, Glucosides are not as potent as the alkaloids, but some of them are quite toxic, except in most minute doses (example, *Digitalin*).

"Other classes of plant constituents the chemistry of which is not well understood are the *neutral* and *bitter principles* (example, *Aloin*), and still other classes are the *volatile* and *fixed oils*, *gums* and *resins*."

# ANTIPHLOGISTINE

## FOR PNEUMONIA



SHOWING THE METHOD OF APPLYING ANTIPHLOGISTINE TO THE THORACIC WALLS—FRONT, BACK AND SIDES—FOR DOUBLE PNEUMONIA.

Prepare the patient in a warm room. Lay him on his side and spread Antiphlogistine thick and hot as can be borne over one half the thoracic walls. Cover immediately with a cotton-lined cheesecloth jacket, previously made and warmed. Roll patient over on dressed side and complete the application. Stitch front of jacket to obtain the desired pressure (splinting).

Dressings should be made as rapidly as possible.

Antiphlogistine stimulates the cutaneous reflexes, causing a dilation of the superficial and coincidently contraction of the deep blood-vessels. Through this action and affinity for moisture, it flushes the superficial capillaries — bleeds but saves the blood.



SHOWING ANTIPHLOGISTINE AND COTTON JACKET COMPLETE AS INDICATED IN DOUBLE PNEUMONIA.



IN FROM TWELVE TO THIRTY-SIX HOURS IT WILL FEEL OFF NICELY LEAVING THE SKIN COMPARATIVELY CLEAN.

The circulation is thus favorably affected, congestion and pain relieved, the pulse improves, temperature declines, the muscular and vascular systems relax and rest and sleep usually follow.

Never fail to secure full and original packages—Small, Medium, Large or Hospital Size.

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New York

When you write Advertisers, please mention THE TRAINED NURSE

Some of the more important and common vegetable drugs will be described in some detail.

~

*Diseases of the Eye.* By L. Webster Fox, A.M., M.D., Professor of Ophthalmology in the Medico-Chirurgical College of Philadelphia, Pa.; Ophthalmic Surgeon in the Medico-Chirurgical Hospital.

In this book, of about 400 pages, the author presents a treatise on the various conditions of the eye in health and disease. This is founded upon a series of lectures delivered by him at the Medico-Chirurgical College and Hospital during the last ten years. The extended experience of the author in dealing with this branch of medicine guarantees a work replete with the best there is in that line. His simplicity of diction, in language that can be comprehended, is a valuable aid in understanding the principles which underlie the many changes to which the eye is liable. The arrangement of the work is different from that followed by most text-books on the subject. The diseases are considered according to the structures attacked, in the order in which they are encountered in going from without inward. The author aims to lay a substantial basis for general practise, rather than offering a work more suited to the specialist. Much information of a general and practical nature is therefore inserted.

In dealing with ophthalmia neonatorum, which is the cause of more blindness than any other single cause, the author recommends the use of a 2 per cent. solution of silver nitrate in the eyes of the child immediately after birth. If this prophylactic measure were adopted as universally as it deserves to be, the author thinks this disease could generally be prevented. In the chapter on ocular affections in general diseases many practical points are given. The association of diabetes and cataract, the fact that the pupils are generally dilated in hysteria and neurasthenic individuals, the close relationship existing between affections of the teeth and many eye troubles, the tendency for the outer layer of the eyelids to take on the various forms of skin diseases on account of its structure, and the importance of eye examinations in diseases of the kidneys and in diabetes are some of the points noticed. The great benefits of the X-ray in the treatment of diseases of the eyes, and the use of salt solution injections are both fully considered.

There are five colored plates and 296 illustrations in the text. These add materially to the value of the book. There is also a generous formula and a full glossary at the end of the work which will be much appreciated by the general practitioner. We feel this work will find many admirers among the medical and nursing professions. Price, \$4.00.

~

*Acknowledgments.*—We beg to acknowledge, with thanks, the receipt of the following reports, reprints and pamphlets:

Fifteenth Annual Report New Jersey Training School for Feeble Minded Girls and Boys.

Medical and Surgical Report of St. Luke's Hospital of Chicago.

Annual Report of the Health Department of the City of Louisville, Ky.

Annual Report of the Norwegian Lutheran Deaconess Institute of Minneapolis, Minn.

Twelfth Annual Report of the Hampton Training School for Nurses and Dixie Hospital.

Eighth Anniversary Report of The Jane C. Stormont Hospital and Training School for Nurses, Topeka, Kansas.

Announcement of the Memorial Hospital of Richmond, Va.

Report of the Salem City Hospital and Training School for Nurses.

Annual Report of the Rhode Island Hospital.

Announcement of the Buffalo General Hospital Training School for Nurses.

Race in Industry, from the Thirty-fourth Annual Report of the Massachusetts Bureau of Statistics.

Predispositions to Tuberculosis, John B. Huber, A.M., M.D., New York.

Some Recent Advances in Medical Therapeutics, by Thomas E. Satterwaite, M. D., of New York.

One of the Results of the Progress of Science—Systematized Knowledge—is.

# The "Allenburys" Series of Infants' Foods.

A Progressive Dietary adapted to the Growing Digestive Powers of the Child.

## Milk Food No. 1

For Infants from birth to three months of age.

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For Infants from three to six months of age.

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For Infants of six months and upwards, also for invalids and for the aged.

"Our baby, six months old, has cried almost continuously since her birth--was always in misery after nursing, never satisfied, and seemed to be slowly starving. I had plenty of milk, but it could not have been sufficiently nourishing, for when I gave the 'Allenburys' Milk Food, alternately, for two days, she seemed quite contented and was so good! I kept the Food from her for two days and the old troubles reappeared. I then gave the Food again as before and in two days she was all right. I am satisfied that the 'Allenburys' Milk Food is all that it claims to be, and our doctor directs me to continue its use."

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"Infant Feeding and Management," an interesting and instructive pamphlet, mailed upon request.

## IT STANDS THE TEST!



# TYREE'S ANTISEPTIC POWDER

War Dept., Surgeon General's Office,  
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This is to certify that the exact Antiseptic strength of "Tyree's Pulv. Antiseptic Comp." is one part of the powder to fifty of water (1:50). Test-tubes containing peptonized beef broth were charged with the powder (Tyree's Antiseptic Powder). The solutions were then inoculated with the Anthrax Bacillus, and with the Staphylococci of Pus, and the tubes placed in the incubator for 48 hours at a temperature of 39° C. On removing the tubes from the incubator, it was found that in the solutions of one in ten to one in fifty there was no development of bacteria.

W. M. GRAY, M. D.  
Microscopist to Army Medical Museum

It has been used very successfully in Uterine and Vaginal Catarrhs, Gonorrhea and Gleet, in Dysentery, in Catarrhs of the Nose and Throat, and in Inflammation of the Mouth and Gums. Its great economy and convenience consists in the fact that you add the water yourself—paying for only the Antiseptic Powder. Thousands of Physicians are making successful use of it every day. If you will only try it you will be quickly convinced of its great value.

A two-ounce box and a beautifully illustrated little booklet representing the rare obstetrical and gynecological specimens of the Army Medical Museum at Washington, mailed free of charge to any nurse desirous of comparing this preparation with Bichloride, Carbolic, etc.

**J. S. TYREE**

CHEMIST

WASHINGTON,

D. C.

When you write Advertisers, please mention THE TRAINED NURSE

# New Remedies and Appliances

## Gude's Pepto-Mangan

If we look over the field of preparations launched upon the market claiming to be "just as good," "just the same," etc., and now relegated into oblivion, we will find their name is legion. Since its introduction to the medical profession of America, many manufacturers through their representatives have heralded competing products as possessing wonderful medicinal properties. They were tried, found wanting, withdrawn from the market, and to-day find a resting-place in some upper loft, labelled Deadstock. "Gude's" has stood the test of clinical investigation in both private and hospital practise; moreover, it has been before the profession during the last 12 years, and during this period has grown steadily in favor.—Editorial from *The Medical Examiner and Practitioner*.

~

## The Treatment of Nasal Catarrh

Mannon (*Cincinnati Jan-  
cet Clinic*) finds no danger whatever from the use of the nasal douche provided ordinary care is taken and a proper solution is employed. The charge that post-nasal douching is prone to excite inflammation of the middle ear he does not find sustained. All leading specialists employ this method of treatment in the posterior as well as the anterior nares with equally good results. The doctor has had chronic nasal catarrh of many months' duration yield to douching when heroically employed. Listerine to which a small quantity of bicarbonate of soda has been added is his main standby. If hemorrhage is a controlling feature he uses instead a saturated solution of tannic acid to each ounce of which ten grains of carbolic acid have been added. When the tendency to bleed ceases he returns to the Listerine solution. Treated in this way the most pronounced cases yield in three or four weeks and are not prolonged by complications or sequelæ.

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## Formaldehyde

Is universally employed by the medical profession and by boards of health, having taken the place of all other gaseous disinfectants.

The cost of the apparatus and the attention it requires, together with the danger from fire or

explosion, has until now precluded the general use of formaldehyde in the home.

We have perfected a small household formaldehyde generator in which all these objections have been overcome. Its occasional use in the rooms of a house will destroy or arrest the development of disease germs, while its operation in a small closet in which are placed such articles as have been subjected to possible infection will completely purify them.

Can you afford to be without it? Price \$1. See our advertisement on another page.

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**Antitoxin** You have heard the clamor about Antitoxin. Do you wish to know the exact truth respecting prices, grades, packages, etc.? We invite your attention to the enclosed memorandum of prices and potencies, *old and new*, and to the following statements:

1. The recent change in prices is a *reduction*, not an *advance*. See comparison below.

2. A single grade of serum now supersedes the two grades heretofore in vogue, thus doing away with all confusion between "standard" and "special," X and XX.

3. Five packages or doses replace the ten heretofore supplied—this with a view of reducing the enormous loss and waste of returned serum.

4. Approximately 40 per cent. of all serum is returned for exchange. What becomes of the returned serum? It is all destroyed.

5. We keep in stock, for sale on demand only, but without formal addition to our list, a 500 unit dose and a 1,000-unit dose, both in the old style hermetically sealed bulb, without injecting device, at the respective prices of 75 cents and \$1.50 as in the past.

6. The doses and potency of the new grade are stated below.

7. To boards of health and municipalities we will supply on application a pure, safe, and reliable serum of guaranteed potency, at a specially low price commensurate with cost on the following conditions: (a) that it is to be donated to the indigent sick and not resold; (b) that it is not subject to exchange; (c) that it is to be supplied in hermetically sealed bulbs unaccompanied by either of the injecting devices furnished with our



**CH<sub>2</sub>O** **FORMALDEHYDE GAS, A HARMLESS yet**  
**POWERFUL DISINFECTANT and DEODORIZER**

## Gibbs Formaldehyde Generator



PRICE—ONE DOLLAR

*An asbestos-filled receiver (a) which holds six fluid ounces, and a chemically prepared cover (b)*

Its occasional use in the rooms of a house will destroy or arrest the development of disease germs, while its operation in a closet, in which have been placed clothing, or such articles as have been subjected to possible infection, will completely purify them. If unable to obtain the generator from your druggist, it will be sent by mail upon receipt of price. Write for literature.

**GIBBS & COMPANY, 102 Fulton Street, New York City**



# O'Sullivan's

## Silent Tread Heels



**A RECIPE  
FOR  
GENTLENESS**

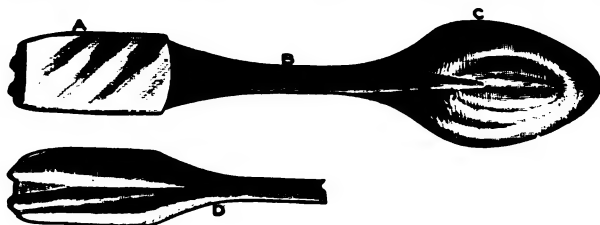
These heel cushions of new rubber make any shoe a hospital shoe, and the nurse is always prepared for the street, which is more than can be said of an elk soled shoe in a rainy day. It will also outwear the shoe.

O'Sullivan's is the only rubber heel that will do this, because substitutes are not new rubber, although some dealers expect you to pay the same price and give them more profit.

35c. a pair. Dealers will attach them to the shoes you are now wearing for a trifle extra. If dealer fails, then—

O'SULLIVAN RUBBER COMPANY, LOWELL, MASS.

## THE NEW IMPROVED MEDICINE SPOON



Invented by a nurse; already adopted by several of the leading Hospitals. An ideal spoon for giving either medicine or liquid food, without danger of strangulation to unconscious or delirious patients.

Made of the best German silver, triple plated.

Price \$1.00 each, postpaid; 90c. to nurses; \$8.00 a dozen to nurses, hospitals, and dealers.

**ANNA E. SUPER, Narberth, Montgomery County, Pa.**

regular product at the option of the purchaser.

8. There is no "Antitoxin Trust" or monopoly of any character.

We shall be glad to answer in person at our office or any branch office or by letter, any questions which you may wish to put to us.

PARKE, DAVIS & Co.,

Detroit, Mich.

No. of Units in Package *	Price of old X Serum **	Price of old XX Serum ***	Price of new Package	No. of Units per Cc. in new Package
500	\$ .75	\$1.15	\$1.10	300
1000	1.50	2.25	2.00	300
2000	3.00	4.00	3.50	400
3000	4.50	5.75	5.00	500
4000	(Not formerly listed.)	6.50	6.00	600

\* With our new package either one of our two injecting devices is supplied the purchaser, at his option.

\*\* Our old "Standard" or X serum tested 200 units and over to the Cc.

\*\*\* Our old "Special" or XX serum tested 500 units and over to the Cc.

~

#### **Triton Effervescent Bath Salts**

Mr. J. C. Minor, Jr., manager of the Triton Co., of Saratoga Springs, N. Y., writes us on the 16th that, among the many requests for the Triton Manual of the Nauheim Treatment received since February 1, eighteen mentioned this paper by name and eight states were represented.

This interest in the Nauheim Treatment is only natural in view of its great therapeutic value in cardiac and other disorders. Over 200,000 baths were given at Nauheim last year, hundreds going from this country. Four governors of our states have taken the treatment there. The Empress of Austria was taking the baths there when assassinated. The Triton Bath Salts enable the treatment to be given at the patient's home, with small cost and freedom from detail. The Nauheim Treatment, given in this way, is most favorably mentioned in the latest works on Therapeutics, and the Triton booklet, "Why go to Nauheim," contains commendatory letters of an unusual nature from some physicians of national reputation.

~

#### **Every-day Hygiene**

Women who study hygiene will appreciate the merits of Lister's Towels. They are small pads of absorbent cotton combined with a diffusive material. This gives to a small pad a great power to absorb and diffuse and so obviates frequent

changes. These pads are light, cool, comfortable, and hygienic.

Samples, in plain wrapper, will be sent, on application to The Lister Surgical Company, 100 William Street, New York City.

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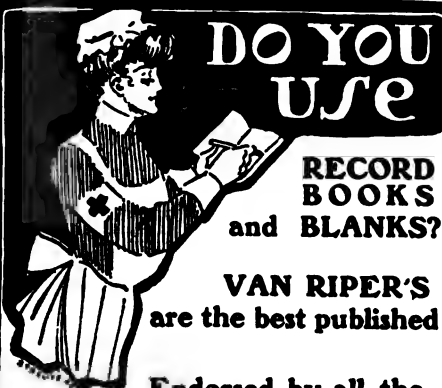
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✧

**Levulose** In bringing forward his carbonic acid treatment for tuberculosis, Dr. Hugo Weber says that he influences the disposition and thus indirectly destroys the bacilli. The sanitarium treatment aims in the same direction. If one speaks of improving the nutrition and the general body strength, or of an increased carbonic-acid production, one speaks of the same thing. He reports 60 per cent. cures, and states that he is careful to take the term "cure" in its strictest sense, and is prepared to demonstrate his cases. The principle is the antagonism between CO<sub>2</sub> and phthisis.

Turning to the method of CO<sub>2</sub> production, Weber finds that the best is the exhibition of levulose, which can even be oxidized by diabetics. He found that it is not rare to obtain in a week an increase in weight of 300 or 400 grams by giving levulose to weakly children. He describes several cases of tuberculosis in which levulose acted almost magically, especially one of a child of eight years to whom he gave four teaspoonfuls of levulose a day and succeeded in arresting and curing a seemingly hopeless case.

(Abstracted from the *British Medical Journal*, Nov. 7, 1903.)

✧

**Invalidism  
in Girls and  
Young Women**

Was recently discussed in a most interesting and instructive way by Dr. W. E. Anthony, of Providence, Rhode Island, ex-president of the Providence Medical Society.

Dr. Anthony laid especial stress on guarding girls from over-study during the first climacteric, recommending that they should not be kept in school more than three or four hours up to

the age of seventeen, and suggested that not only were their nervous systems bankrupted by too great burdening during school life, but that their reproductive organs were not permitted to properly develop and serious diseases and permanent injury of the uterus and ovaries frequently resulted. Dr. Anthony emphasized the fact that these run-down states were often accompanied by vaginal catarrhs most distressing. He recommended for such cases general internal tonics, blood and nerve builders and the local use of douches daily, of a teaspoonful of Tyree's Antiseptic Powder to a pint of warm water, and this treatment has been endorsed by leading practitioners for many years.

✧

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Mr. H., age 32, consulted me for a most distressing itching of the anus. On exami-

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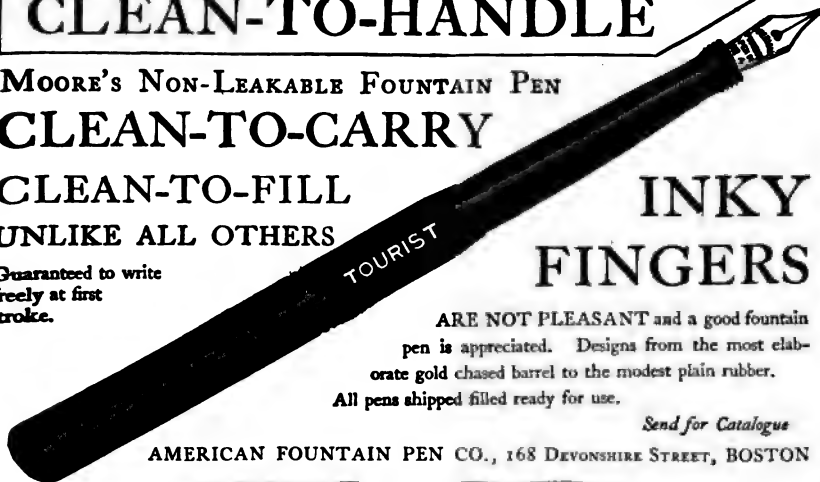
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I ordered the patient to bathe the parts with warm water, using Resinol Soap, three times a day, and afterward apply Resinol Ointment. He was ordered to use this treatment for one week. At the end of this time the patient reported that he had not been bothered with the itching since the third application of the remedy. —S. D. WARNOCK, M.D., Atlanta, Ga.

~

**Glyco-Heroin (Smith)** Mrs. Marie B., aged 32; was thin, and her complexion was of a muddy, yellow color when first examined. Weight, 122½ pounds; pulse, 100; temperature, 100° F. Respiration, 36 and difficult.

She had a fairly good appetite, but was constipated. She menstruates regularly, but has coughed and expectorated for two or three years. Sputum analyzed showed the presence of tubercle bacilli. She had a pleurisy eight years ago the result of a cold, both lungs were affected since then, crepitant rales throughout, and areas of congestion here and there.

Her sputum had been tinged with blood, but she has never had any hemorrhages.

I gave her an emulsion of cod-liver oil, and Glyco-Heroin (Smith) in teaspoonful doses every two hours. The cough was relieved from the first, and after four months had entirely disappeared. The lungs cleared up, no more rales or areas of congestion, and she gained ten pounds in weight. —L. F. HATCH, M.D., London, England.

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#### Glyco-Thymoline in Phthiasis

"It seems to have been thoroughly established that in most cases tubercular infection has been through the mouth and nasopharynx. This being the case, a protection of these parts from invasion is of the first consequence. In a recent note on this subject, Professor Arnulphy, of Paris, says that in addition to other methods to protect those persons—as physicians, relatives, nurses, etc.—who are compelled to come in contact with consumptive patients, the frequent daily use of Glyco-Thymoline as a mouth, throat, and nasal wash will ensure a degree of immunity from infection that reduces the danger to a minimum. To those already suffering from the disease, Glyco-Thymoline has proved of great value as a means of keeping the mouth, nose, and cervical glands in an aseptic condition with a marked alleviation of cough and irritation."—*New York Medical Journal*, Jan. 9, 1904.

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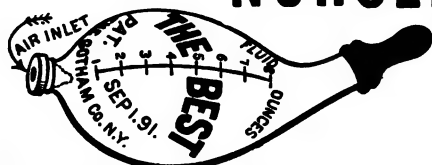
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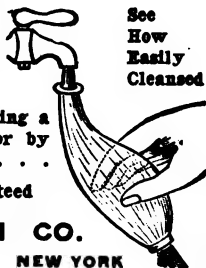
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# The Trained Nurse and Hospital Review

Vol. XXXII

NEW YORK, APRIL, 1904

No. 4

## Light-Therapy—Its Therapeutic Application and Physiological Effects

Max J. Walter

Superintendent of Pennsylvania Orthopedic Institute and School of Mechano-Therapy (Incorporated);  
Lecturer to St. Joseph's and St. Mary's Hospitals

IN MY previous papers I have dealt with mechanotherapy as particularly specialized in its well known departments of Massage, Medical Gymnastics and Swedish Movements. But in the marvelous conquest of disease made in recent years by *therapeutics without drugs* certain concurrent treatments have come to the front, among which is the combined light treatment, also called phototherapy, now to be considered.

Throughout my recent journeying in Germany, Austria, Sweden, Norway and Denmark, the countries of the world foremost to-day in the development of the natural therapeutics, and while studying with care the surprising advances made in mechanotherapy at large, I failed not to note everywhere the progress attained by the new science—the combined-light method, new, and yet as old as a curative agent as the foundations of the earth, when the omnipotent order decreed: "Let there be light," and straightway it was found that light and life were one.

It is indeed most strange that a life-giving and health-preserving power so absolutely essential as that of light should have been so long neglected as a regular and scientifically recognized branch of modern therapeutics. The very earliest observers in the realm of

nature saw the correlation between darkness and disease and death. That the long dreary night was the order of the ice-bound lifeless poles, and that a luxuriant flora, the joy and color and beauty and scenic glory of redundant nature, were accentuated as we approached the all-conquering light of the tropics.

It was plainly seen that all plant life shaded from the sun was colorless and sickly, and that it prematurely faded from the earth. Statistics soon multiplied showing that in the deep, dark valleys of mountainous regions, like the Alps, not only is vegetable life stunted and frail, but all animal life shares a similar fate, and unsightly diseases, like goitre and chlorosis, most freely abound. It is shown, too, that the open air and sunshine of country life are more conducive to health than the shaded, narrow, stuffy streets of our cities. That those who live on the sunny side of thoroughfares are healthier than those upon the shaded side, and that patients in the sunlit wards of hospitals regain health more quickly and more surely than those less favored by the light.

As in mechanotherapy, so, too, here in the new auxiliary method of light-therapy, the latest and most intelligent moderns have been anticipated by the far-seeing ancients.

We have seen how massage was developed by the great Greek physicians as early as five hundred years before the Christian era. At the very self same time the light-cure was practised by the same public benefactors, who were deep-brained enough to see, two thousand years before the invention of medical science, that the natural therapies were in themselves competent to cure the diseases of men.

Diogenes, according to Plutarch, was so accustomed to recruiting his energies in the sunshine that the highest service he asked of Alexander the Great was, "Only stand a little out of my sunlight." Both the older and the younger Pliny exposed themselves daily to the sunlight after dinner, and describe its common use by the Romans as a curative agent. Hippocrates prescribed sun baths as a regular part of his practise, and both Greeks and Romans employed them in the treatment of all sorts of chronic maladies.

Hence from the most ancient times the influence of sunlight upon the vital processes has been recognized, and moreover, that light is the actuating force of the universe. Noting the simplest physiological effects of the sun's rays, it is found they do not merely influence the skin but that they actually pass entirely through the skin into the body, and there stimulate and excite its every tissue and cell. The activity of all vital processes is thereupon promoted, the heart's action is accelerated, the surface circulation is increased and a free perspiration encouraged.

Therefore, in its therapeutic applications, the sun bath is of decided value in all cases of anemia, inactivity of the skin, mal-nutrition, chlorosis, neurasthenia, chronic dyspepsia and indigestion, rheumatism, diabetes and obesity. Hence it is a practical exciting measure. Of the three sets of rays to which it owes its properties, namely, luminous, heat and actinic, the heat and luminous rays act directly as a stimulant upon the cells and tissues, effecting a development

of heat, while the actinic or chemical rays, on the contrary, possess a powerful action upon the nervous system.

Aside from its marked and most beneficent curative values sunlight is without exception the most important hygienic, disinfecting and sterilizing agency upon the earth. It is inestimable in its power to destroy dangerous microbes, since very few of these are able to resist the direct rays of the sun for more than a few minutes.

But if the direct rays of the sun are thus important and valuable in the domain of hygiene and medicine, if, as a result of the modern awakening, our hospitals, sanitariums and politico-economical institutions are in a race, as it were for "light, more light," as a factor both in the prevention and treatment of disease, then what is to constitute a substitute for the direct solar rays during seasons, oftentimes quite prolonged, when the golden orb of day is well hidden behind dense murky clouds and opaque skies?

Not only have attempts to solve this problem been industriously pursued during the last twelve months, but throughout the last decade the most earnest experimenters, both in Europe and America, have bent their best energies to its solution. Of these mention should be made of Finsen, of Copenhagen; Lindholm, of Norway; Black and Barlow, of England; d'Arsonval, Arloing, Paul Bert, Du Bois and Dieudonné, of France, Robert Koch, Giesler, Graber, Kluckenberg, Buchner, Pettenkofer and Strebel, of Germany; von Jaksch, of Prague, and Kellogg and Fraley, of America.

Briefly speaking, the foremost result obtained by these scholars is the discovery of the electric light as a practical substitute for the solar rays, and so far and so systematically have they carried their investigations of the various applications of electric light as a therapeutic agent that we may, in the immediate future, expect nearly anything to be found true of its powers.

Among the very many happy results fully secured and proven by the experimenters, the following may be briefly summarized:

1. That electric light can be so employed as to be fairly comparable with sunlight in its ability to promote protoplasmic activity.
2. That electric light has a tonic action upon plants, enabling them to endure conditions which otherwise would cause their destruction.
3. That electric light is an actual vital stimulus, when used upon plants at night its effect is the same as that of the "longer day" in the Arctics.
4. That an electric centre of light equal to 1,400 candle-power, when at a distance of two meters from growing plants, is found to be about equal in effect to average daylight.
5. That electric light is competent to produce chlorophyl in the leaves of plants and also to promote growth.
6. That a period of rest seems unnecessary to plant life, since the progress of growth continues about equally vigorous when plants are subjected to sunlight during the day and electric light during the night.
7. That night frosts can be so counteracted by the radiation of heat from powerful electric arcs and it is confidently hoped their use may successfully promote the ripening of fruit in the open air.
8. That strawberries and other fruits raised under electric light were equal to those raised in the sunlight, that grapes were of stronger flavor than usual, melons and bananas remarkably large, aromatic and unsurpassed in flavor.

Extensive experiments have likewise been made to determine the physiological effects of the incandescent electric light baths upon human beings. In no country have these been more energetically pursued than in Germany, with results thus briefly summarized by Professor Winternitz, no doubt the greatest living authority on hydrotherapy:

"The electric light bath is a method of recent origin and equal to the sun bath. It has undoubtedly demonstrated that radiant heat penetrates the tissues much better than conducted heat, and it is quite probable that cellular activity is powerfully modified by these rays of heat, either qualitatively or quantitatively.

"The giving off of the CO<sub>2</sub> is more abundant than in the vapor bath, and what is especially noteworthy is that the perspiration appears very soon and at a very low temperature, and is very profuse; the time averages three and one half minutes, while in the vapor bath almost five minutes are required.

"As we now possess a thermic method in the electric light bath by means of which we are able to measure the exact dose, and knowing the powerful influence on cell life and the entire organism, we believe this method of thermic application should receive an important place. It enables us to influence a number of maladies much more rapidly, better and more intensely than we have heretofore been able to do."

It is interesting to note that the electric light bath does not depend for its results upon the heat of the air directly about the patient, but rather upon the radiant force passing in direct lines from the incandescent filament into the body of the patient, without necessarily heating the surrounding air.

In a word both the incandescent and arc electric light baths enjoy great advantage over all other known methods of applying heat, since they possess most important tonic effects, while at the same time encouraging powerful elimination. We will now treat of the therapeutic application of the light rays, of their separation, and their specific action upon the cells and tissues of the human body, their prompt ability to kill bacteria and their great curative power over a surprisingly wide field of chronic diseases.

We saw that sunlight owes its properties

to three sets of rays, of which it is altogether composed, namely, red, green, and violet. Now, while from the standpoint of physics, the mere study of the physical properties of light, and for general purposes of spectrum analysis, such a consideration of the subject may be quite sufficient, yet when we enter the domain of therapeutics another and different classification of the sun's rays will be found more practical.

For therapeutic considerations, then, the solar rays may be divided into luminous, thermal and actinic or chemical rays, and thereupon the last two sets may be associated with color, the heat rays including the red and ultra-red, and the chemical rays the violet and ultra-violet. These two classes of rays are the ones having a special and important interest in therapeutics.

It is well known that the three sets of rays can be separated by the use of glass of various colors. Green and yellow glass permit the luminous rays to pass and a few of the heat and actinic rays. Red glass gives passage almost exclusively to the thermal rays, while the violet and blue glass permit only the actinic or chemical rays to pass through them.

Now, the electric light bath possessing the same properties as sunlight, we may here also pass from the abstract to specific kinds of light, rejecting such rays of the light spectrum as are unimportant, and employing such only as are especially reliable as life vehicles, such as red, blue, violet and ultra-violet rays. Therefore the healthfulness and well-being of organic life may be promoted by exposure to these particular light rays, while on the other hand their absence or denial would cause all living nature to languish and die.

Accordingly where light has been in late years carefully included among the stringent hygienic regulations of our hospitals, sanitariums, schools, colleges, prisons, military barracks, factories, mills and workshops, there has been a marked increase in the general health. And any failure in the future

to maintain this improvement and meet the legitimate wishes of the public as to air and light in all public institutions should be brought under police regulations as a matter of criminal neglect.

Since the discovery of the electric light bath industrious and oft repeated experiments have proven its superiority over the Turkish or any form of vapor bath. While a thorough sweating is useful as a cleansing process, and in nipping in the bud any sudden attack of pneumonia, its benefits cannot be safely enjoyed by patients suffering from diseases of the lungs or heart. On the contrary, electric light baths are not only perfect as sudatories for the healthy, but their curative values for the sick are without any attendant injury or danger. All pressure of the condensation of water upon the skin is done away with. The head being entirely free, there is no pressure or giddiness, and for the same reason the patient is continuously supplied with pure air, instead of inhaling, as in the Turkish bath, the poisonous exhalations of other persons in the bath apartment.

Yet other comparisons between the physiological effects of the electric light bath and the Russian and Turkish baths are pre-eminently in favor of the former. For example, the electric light bath stimulates the elimination of  $\text{CO}_2$  in a more marked degree. In the Russian bath of 30 minutes duration the percentage of elimination is 3.96. In a Turkish bath of the same duration 4.01, and in the electric light bath the percentage reaches 5.13. The quantity of perspiration produced by the electric light bath is fully double that of the Turkish bath in any given time. The time consumed for the first appearance of perspiration is one half of that required by either the Turkish or the Russian bath. Finally, the electric light bath raises the temperature of the blood more quickly than any other form of bath.

Such eminent authorities, therefore, as

Professor Winternitz, Koch, Finsen, Kattenbracker, Dieudonné, Strebel, and scores of others, are emphatic in maintaining that all peat, mud and fango baths, as well as the Russian, Roman and Turkish baths, should now be replaced by light or photo-therapy in its latest and most perfected forms. As Kattenbracker well says, the day is passed when light as a healing process can be intelligently ridiculed, or criticized with disparagement. Contrariwise the foremost medical scholars of the age have accepted its facts as indisputable, and that medical science is justified in employing the physiological peculiarities of light for therapeutic purposes.

In observing how light acts in producing its superior physiological effects, it is fully established that:

*First*, It penetrates entirely through the skin into the body, and there stimulates cell and tissue.

*Second*, It kills bacilli.

*Third*, It most favorably affects the pigments and blood corpuscles, encourages appetite and favors the formation of new tissue.

The actinic or chemical rays, such as the ultra-violet—of which the electric arc light contains a large proportion—are the ones especially competent to destroy the bacilli known as the engenders of diphtheria, typhus, cholera, splenic disease, tuberculosis and other virulent infectious maladies.

Dr. A. B. Griffiths, bacteriological expert, and member of the Chemical Societies of Paris, Berlin and St. Petersburg, makes a most gratifying report of tests made with the new Dermo lamp upon living microbes. In one experiment the lamp was used with a continuous current of eight amperes, the electric pressure being 65 volts, the distance between the cultures and the light five inches. The time required for the entire destruction of the microbes is as follows:

*Bacillus tuberculosis*. . . . . Two minutes.

*Bacillus typhosus* . . . . . One minute.

*B. cholerae Asiaticæ* . . . . . Two minutes

*Micrococcus decalvans* . . . . . Thirty seconds.

*B. diphtheriæ* . . . . . One minute.

*Tinia sycosis* . . . . . Thirty-five seconds.

In a second experiment the bacteria of water were destroyed after an exposure of five minutes.

In a third series of experiments, addressed to diseases of the hair and scalp, the light demonstrated its great value thus: A case of sycosis of the beard was cured after an exposure of five minutes at a distance of four inches, both the fungus and its spores (*tinia sycosis*) being destroyed. A case of ringworm was cured in eight minutes and its fungus destroyed. The light was found of great value in the treatment of seborrhea and other scalp diseases, while it was entirely competent to kill the bacteria that causes baldness.

Finsen's light treatment of lupus is already regarded by the medical world as an epoch-making discovery of the amazing curative power of the chemical rays. Not only has this grave obstinate and disfiguring affection been conquered without pain, but a large number of rebellious skin diseases are found to be amenable to the new treatment, the chief bactericidal effects being found to reside in the blue, violet and ultra-violet rays.

Since discoveries never cease, Kjeldsen, one of the experimenters in the Finsen Institute, has lately devised a new light called the "Iron Light." Finding that iron gives a spectrum enormously rich in chemical rays, Kjeldsen, discarding the carbon electrodes, constructed a lamp with electrodes composed of hollow cylindrical pieces of iron, which are cooled by water circulating through them. Bang stated before the recent Congress of Naturalists at Hamburg that the results obtained by this latest light surpass all expectations; that a bactericidal effect is produced within two minutes as great as that produced by the old Finsen light in one hour, and that hence it will

supersede either sunlight or electric light in the treatment of lupus and other skin diseases.

Kline reports in the *Medical Record* that laryngeal tuberculosis has most readily yielded to actinic sunlight. After a few treatments aphonia diminishes and pain disappears. Of fifty-eight cases of pulmonary tuberculosis the disease was arrested in seven cases and practically cured in eleven. A blue light, intensely rich in actinic rays, is focussed upon the bare chest of the patient two or three hours daily; the treatment being found exceedingly quieting and soporific.

But even these results in the treatment of tuberculosis with light have been surpassed by Dr. J. Mount Bleyer, vice-president of the American Congress of Tuberculosis, and a most eminent authority. Electric arc chromolumes, with iron filled carbons, are used for generating violet rays. The doctor's own words may best speak for the results obtained: "Of sixty cases I can report forty cured, and in twenty the disease was arrested to such an extent as the pathological changes present when they came under my treatment would admit. I now fully believe from my experience that, as an adjunct, light rays play a leading role in the treatment of tuberculosis. I want to stand upon these remarks for a future record."

We may well pause before such a statement of the power of the new therapy in dealing with this wide-spread and terrible malady and others which, like consumption, are caused by malignant bacilli. But while this power to destroy bacteria is one among the most important values of light, yet it has conquered in other fields almost as wide-spread.

The nerves, for example, as well as the skin, are particularly amenable to the curative power of light. Du Bois-Reymond long ago discovered that the electric nerve currents are materially strengthened by light, a

fact further demonstrated by Moleschott and other physiologists. In cases of neurasthenia, multiple neuritis, and kindred troubles, the rays of the arc light in particular have a soothing, pain-relieving effect, and a surprisingly strong restorative power upon the whole nervous system.

Such serious diseases, moreover, as erysipelas and smallpox have been brought under astonishing control. Of eighteen cases of erysipelas treated by Kluckenberg, the fever was stopped in seven cases within one day; in four within two days, and in three within two and one half days.

We will now consider radio-therapy, or the X-ray in therapeutics.

At the time when Professor Roentgen gave the world his discovery of new light rays to which he modestly attached the name X-rays, the medical world was quite unprepared for the event, and received the announcement with incredulity, if not with ridicule. But the press, both medical and secular, gave the discovery wide and generous space. It was universally discussed, and many physicists and others among the more advanced medical investigators at once entered upon most industrious experiments to determine what, if any, therapeutic values the new rays possessed. When we consider the shortness of the time since the discovery was made public its present respectable place in modern therapeutics is truly quite astonishing.

We mean by the X-rays the phenomena resulting from the agitation of extremely small volumes of air confined within a highly exhausted glass tube by passing through the same a graduated electrical current. It is the purpose of the following to briefly consider some of the physical laws involved in the operation of the new light, and the practical uses it has attained, both in the diagnosis and treatment of disease.

So important was a perfect apparatus for the production of the X-ray, improvement

has rapidly followed improvement at the hands of tactful clinicians, until the outfit employed to-day in the development of the rays is altogether unlike that originally used, the practical value of which in the hands of the diagnostician it were hardly possible to overestimate.

Since in the reliable production of the rays it is necessary that a current of high voltage be discharged into the glass tube, the amperage of which current being relatively low, it has been found that the desired current can be best generated by the induction coil, whatever the source of the electromotive force, whether a storage or primary battery, or the direct current of a static machine. The air must be so thoroughly pumped from the tube or bulb employed as to produce a condition of high vacuum in which but a few molecules remain. Now the discharge of the induced current into this prepared tube effects certain marked changes in its interior. "The molecules yet remaining," says Stern, "are propelled with great velocity away from the cathode or negative pole, each molecule—instinct, as it were, with desire, to get away from the cathode—bumping into other molecules, or impinging on the confining walls of the tube. As a result of that particular part of the molecular bombardment which occurs at the anode there are produced the Roentgen rays, which serve our purpose."

The adoption of this delicate mechanism as a therapeutic aid in disease, and an agent of diagnosis in internal medicine and surgery, unquestionably marks a broad stride forward in the healing art. It is said of it that it is to internal medicine what the microscope is to pathology. It has invested the diagnostician and surgeon with a new vision, a new, penetrating and wondrous eye, with which he may look through things instead of at them. Its range of usefulness has grown wider and wider year by year, until it is now employed in a very large number of diseases,

some of which we shall proceed to consider. Skin diseases were among the first in which the X-ray was seen to have a remedial or healing power. Reports soon spoke of success gained in the treatment of lupus. The improvement is due to cell infiltration, and furthermore to the influence of the rays in promoting the formation of connective tissue. Dr. Freund, of London, England, states in a report published in the *Lancet*, "that in lupus vulgaris the X-ray method and the Finsen light are equally good. Both take about the same length of time, and the cosmetic results of both are equally satisfactory. A rational method is first to X-ray large surfaces and then to treat the remaining foci with Finsen's apparatus."

This same authority favorably reports the X-ray in cases for the removal of hair in ringworm, favus, sycosis and hypertrichosis. In other cases, according to its use, it stimulates the growth of hair. In its application the physiological effects have been found to be in direct proportion to the intensity of the raying, but in inverse proportion to the wave lengths. In other words the physiological effects on the body vary with the dosage.

Dr. Abraham, of London, has found the X-ray especially useful in cases of lupus of the mucous membrane. Dr. Stafford Taylor has announced remarkable results with this light in the treatment of rodent ulcer and epithelioma, while cases of mycosis fungoides were treated with most striking benefits.

It is stated in the *International Clinics*, 1902, that the great therapeutic value of the X-rays in the treatment of epithelioma is now established. A more recent case is thus mentioned in *The Medical Brief*, 1903: "The treatment was administered ten minutes at a sitting until two hours and twenty minutes had been taken, at which time a mild reaction appeared, and the entire growth sloughed out without other treatment. The ordinary surgical dressings were then

applied. The opening soon filled with healthy tissue and is in good condition at the present time."

Socoloff has had most gratifying success in the treatment of herpes tonsurans and favus, six cases having yielded four complete cures. He states the duration of the exposures to have varied from 70 to 230 minutes in the aggregate. Rumpf has noted good results in erysipelas and neuralgia, and D'Arsonval, in the treatment of pruritus, pityriasis versicolor and in abnormal pigmentary deposits. Pugh announces four cases of rodent ulcer as successfully treated, and advised that the sittings shall at no time exceed fifteen minutes.

The employment of radio-therapy in rectal diseases has recently been favorably reported by Dr. Sinclair Tousey, professor of rectal surgery New York School of Clinical Medicine. This investigator declares that in cases of ulcers of the rectum, which follow operations for hemorrhoids and fistula, and which refuse to heal under the use of nitrate of silver and the local employment of ointments and injections, should be brought under the influence of the vacuum electrode as a therapeutic measure.

In these cases the X-ray coil is used, run by a direct current of 110 volts with the rheostat turned on sufficiently strong to produce a four-inch spark. From one pole of the coil an insulated wire passes to a metallic handle in which is placed a vacuum tube, "This tube introduced into the rectum and the current turned on, we see about ten thousand waves of pale violet passing down through the vacuum tube to enter the body. This produces a most extraordinary amount of local stimulation with scarcely any sensation, and the rapidity with which these cases respond to it is quite remarkable."

In fissures the vacuum electrodes are applied in a similar manner, and with corresponding success. Atonic conditions of the rectum and sigmoid flexure, and ulcerations

of the mucous membrane are alike curable by the application of large vacuum electrodes. A direct influence in the healing of these raw surfaces may be had by the use of the X-ray light in combination with the vacuum tubes. "There are cases," says Dr. Tousey, "of colitis and dysentery in which the patient may evacuate as many as twenty-five bloody stools in the course of a day, and where one application of the X-ray light over the abdomen, and of these vacuum tubes, for about twenty minutes, improves the condition at once, and in about ten treatments bring about a permanent cure." In cases of tubercular ulcers, or epithelioma, the X-ray light has also been found valuable by this practitioner.

It is highly important to note that the most sanguine expectations are being entertained of the influence of the X-ray in malignant diseases. Expert operators are naturally reluctant to report cases until the arbitrary period of three years has passed without a recurrence. However, Grubbe declares that the greatest value of the Roentgen rays is to be obtained in the treatment of post-operative cases of malignant diseases that recurrence may be prevented.

Up to the present writing both the X-ray and the Finsen light, supplemented upon occasion with baths of oxygen, have proven successful and entirely satisfactory in tuberculous and cancerous peritonitis. Benedikt has demonstrated a tumor at the base of the brain by the X-ray method, having taken profile skiagraphs of both sides.

During the past year the X-ray light has been very extensively used in the treatment of cancer, with results nearly invariably reported as successful. Coley has made a summary of these as follows:

(1) That the ray has a remarkably inhibitory action upon the growth of all forms of malignant disease.

(2) That even in far advanced inoperable tumors they may totally disappear.



(3) Whether they will reappear is a question for time to determine.

(4) That there is still reason to hope that deep-seated abdominal tumors may often in this way be reached and cured or benefited. Pain is nearly always relieved by the ray.

Dr. Gordon G. Burdick, professor radio-therapy and photo-chemistry, Illinois School of Electro-Therapeutics, has been operating on malignant cancers for a period of four years with most gratifying and hopeful results. This practitioner scouts the erroneous idea that the benefits of radio-therapeutics are confined merely to the surface. The professor says: "I know of about two hundred cases of internal and breast cancers, now pronounced well, that have passed

the two years period, in both my own and the practise of others with whom I have been in correspondence."

According to the experience of this, one among the oldest X-ray clinicians, this light properly applied will prove not only a specific in all kinds of skin cancers, but in cases of malignant cancer located less than one inch below the surface it will cure in 80 per cent. Cancers in the abdomen are cured with little difficulty. Even when far advanced the growth can be checked and held indefinitely, with occasional cures. Under this beneficial influence the ulcers heal, discharges, hemorrhages, odor and pain will promptly leave. In due time the growth assumes a benign character and the victim is relieved from suffering.

### The Paralytic

He lies upon the Battlefield of Life,  
A lowly cot. His face looks to the skies  
In holy pray'r; half-closed his dreamy eyes.  
Oh, long he fought and braved the ball and knife,  
Then fell, nor honor won 'mid drum and fife!  
Though unadorned by laurel wreath, he lies  
Still fighting well—a victor in disguise—  
On lowly cot, and wins in higher strife.  
And some there are who say: "What care surrounds  
Those who nurse him?" Ah, serene is he,  
For God soft whispers: "Be thou unashamed  
Nor heed the pricks they thrust within thy wounds.  
Success is thine, that greatly pleaseth me—  
No life hath failed that for perfection aimed."

—W. Fairfax Gordon



# Pneumonia

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(Continued from March issue.)

*Nitro-glycerine* produces lowered arterial tension and strengthens the weak heart. It lowers respiration and produces great vascular dilatation, which relieves the pulmonary engorgement by this determination of blood to the surface and thus by heat radiation lowers the temperature of the body. It may produce throbbing in the head, beating of the carotids, quickened pulse, vertigo, and a flushed face. Its action is very rapid, hence it is an invaluable remedy in threatened collapse or heart failure. It acts as a diffusible stimulant, dilates the peripheral blood vessels, decreases the blood pressure, and relieves the engorged heart and lungs.

Dose, 1-200 to 1-50 of a grain.

*Digitalis* is a heart tonic, sedative, and diuretic. It slows the heart beats, renders them more forcible, and steadies the heart. In fevers it is antipyretic. It is liable to cause nausea, headache, vertigo, delirium, disorder digestion, and even syncope from over-stimulation. The dose of the tincture is from v to xxx minims. Aconite and *digitalis* are antagonistic, therefore when one is being used the other should be discontinued. *Digitalis* tends to relieve the pulmonary circulation and congestion and to lessen the cough. It is especially useful in cases of delirium or alcoholic mania.

*Alcohol*.—In debility, fatigue, or illness, it increases respiration, acts as an irritant to the kidneys, and alters the solubility of the urinary salts, favoring a deposit of oxalate of lime and uric acid; a very serious objection to its use in fevers, when the urine is concentrated and the blood overcharged with these toxic products of metabolism, which should be eliminated. It also acts as a

nerve excitant. As a stimulant, alcohol is unreliable, because of the depression which follows the brief stimulating effects of the drug. When alcoholic preparations are prescribed the maximum amount in twenty-four hours should not exceed  $\mathfrak{J}\text{ii}$  to  $\mathfrak{J}\text{iv}$  for an adult, unless in such cases where the patient is accustomed to the daily use of alcoholic beverages, when the dose must be proportionately increased. The rule for its use in fever cases is that it must cause the dry tongue to become moist, the skin to become less parched, the respiration to be more tranquil, to quiet delirium, and to produce sleep. If these results are not promptly obtained, its use should be suspended. Even under its administration, when the symptoms of debility and heart-failure begin to appear, strychnine and nitro-glycerine must be substituted because they are more effective and reliable.

Alcohol, owing to its volatility, gives a cool sensation to the skin if evaporation is free, if this is not provided for, it will cause irritation and heat, and, if continued, inflammation. It is much used to harden the skin and prevent bed sores. I may say that I much prefer to keep the skin supple by the use of oils, such as cocoa butter, olive oil, mutton tallow, which may be followed by a dusting of the parts with zinc oxide powder.

Alcohol precipitates pepsin from the gastric juice and thus increases the digestive difficulties of pneumonia or other high fevers. It also enhances the coagulation of milk, another undesirable effect where milk is the only nourishment given. Alcohol increases the blood supply to the brain—an evil to be avoided in this disease. Further-

more it tends to increase the carbonic acid in the blood—a condition we should strive to overcome with our treatment.

*Ammonium Salts.*—The chloride is cooling, absorbent and it hastens epithelial proliferation of the mucous membranes; it liquifies the thickened mucous secretions, it promotes the absorption of exudates, and it increases the flow of bile. It is an expectorant in the late stages of pneumonia and it is useful as a spray to the nose and throat. Dose iii to xxx grains.

The *Carbonate* stimulates the heart and circulation. Used in the early stages of pneumonia, it may abort the disease. It is a good expectorant. It promotes sleep, by reducing cerebral excitement and fever. It, therefore, is useful in the mania and delirium tremens occurring in pneumonia. Dose iii to x grains.

The *Acetate* is particularly good where the fever is continued and the nervous symptoms have all subsided. Its diaphoretic action should be aided by diluents such as hot lemonade or water and by warm clothing. Dose  $\text{℥ss}$  to  $\text{℥iv}$  of the liquid acetate.

The *Aromatic spirits* is useful in threatened syncope. It should be well diluted. Dose v to xxx minims.

The ammonium salts are prompt cardiac, respiratory, and nerve stimulants. They increase the secretions of the bronchial mucous membrane, also the gastro-intestinal secretions and may cause diarrhea. They are expectorants, diaphoretics, diuretics, and hepatic stimulants. Large doses should be avoided as they interfere with the oxygen-carrying power of the red blood-corpuscles, and, if long continued, produce emaciation. They are valuable for their antiseptic properties.

*Potassium Acetate* is used as a diaphoretic, and as an antacid to alkalize the blood and the urine and to promote oxidation, where there is much dyspnea and cyanosis.

*Diet.*—In plethoric, well-nourished indi-

viduals, entire abstinence from food for one, two, or even three days will do no harm. During the period of high fever, the nourishment should be liquid, concentrated, and easily digested, because of the scanty digestive juices. If little food be taken, the intervals must be shortened; concentrated liquid nourishment, frequently repeated, serves the double purpose of stimulating and sustaining the strength of the patient. During the day the food should be given every one, two or three hours, with a period of rest from 7 to 12 P. M., so that the digestive system may recuperate its powers. During the interval from 12 P. M. to 8 A. M., nourishment should be given frequently, and should be concentrated and, excepting milk, as hot as the patient will take it. Pneumonia, being an infectious disease, is attended with much tissue waste and general prostration; therefore the strength must be maintained by a generous diet and one that can be easily digested; but care must be taken not to overfeed. Infants, children, the aged and the weakly should have as much good, easily digested supporting diet as can be given.

Milk, in most cases, is the ideal diet in fevers. If it produces a feeling of oppression, a disagreeable taste in the mouth, fullness over stomach, or diarrhea, it should be discontinued or predigested. Three to five pints of milk in twenty-four hours is ample for the nourishment of ordinary cases. Milk should not be given to patients for an hour after acid drinks, acid medicines and acid fruits, or for half an hour after alcohol has been administered, lest an insoluble curd be formed and cause serious complications.

The patient should be encouraged to drink fluids frequently, especially water, which should never be ice cold. Gum-arabic water, flavored with lemon, is acceptable. Lemonade, orangeade, cocoa, chocolate, oatmeal water, buttermilk, koumiss, clam soup, oyster soup, rice soup, peptonized milk gruel, beef broth, barley gruel, white soup,

egg-nogg, tomato soup, mutton broth, egg lemonade, cheese soup, Mellins' food gruel, etc., all are valuable for food or drink in pneumonia. The heavier gruels and soups should only be allowed when the fever is under  $103.6^{\circ}$ .

If egg-noggs are ordered when the fever is at its height, only the white of the egg should be used. Ordinarily, an egg once a day, or three or four times a week, is enough during a fever.

If the patient insists on a more generous diet, or on some special article of food, his wishes should be respected, unless the desired article is harmful—as alcoholics, olives, etc. Care should be exercised that the food selected should be of the lightest diet, but nourishing and easily digested. Among the foods allowed would be the heavier soups already mentioned, well cooked rice and milk, baked apples and cream and a very little sugar, lemon jelly, phosphated gelatin jelly and cream, unfermented grape juice, wine jelly and cream, toast in various forms, raw oysters with lemon juice, and properly cooked soft-boiled eggs, also fruits as oranges, lemons and grape fruit.

During convalescence a generous diet that is easily digested should be allowed. If the patient desires any special food that is not contraindicated, it is well to prepare and give it as a little surprise. Baked bananas and cream are sometimes relished, oysters, sweet-bread, rich, tender beefsteak, toasted crackers, toast, game, simple custards, jellies, and puddings and crisp breakfast bacon, are among the first articles to be allowed. A little lemon juice or grape fruit before foods, but not before milk, acts as an appetizer—so also does water or a little hot broth.

*Management.*—The nursing of pneumonia requires the utmost skill of any nurse. The patient should be put to bed and allowed to take the most comfortable position. He should be kept very quiet, no visitors, no

conversation, no exertion allowed. The room should be well ventilated. The temperature should be constant during the whole twenty-four hours. There should be moisture—a kettle of boiling water steaming into the room will be sufficient. Great care should be taken to protect the patient from draughts. The temperature of the room should be taken every hour and registered.

The *temperature, pulse and respiration* should be taken every hour or oftener, in severe cases, where the conditions are grave and the treatment must be based upon the findings. For example, if the pulse be weak, rapid, the patient cyanosed, with dyspnea, high temperature, delirium, etc., a dose of nitro-glycerine should be given and repeated every half-hour, as needed. This may tide the patient over the danger-line or until the physician can be called.

Nurses should ask the attending physician to outline the emergency treatment to be followed in every case. If no such directions are given the outlines of treatment above enumerated will be found to be very serviceable.

The bed-clothing should be clean, light, and warm.

The vital resistance of most patients is at its lowest ebb, at from 12 P. M. to 7 A. M.; therefore, during these hours the constant temperature of the room should be most zealously guarded, additional bed-clothing added, and warm, nourishing, liquid foods frequently given and also stimulants should be administered as needed. These are the most critical hours of the twenty-four and the patient should be most carefully nursed at this time. When the clock strikes twelve at midnight, it should sound the word *danger* to the nurse's listening ears; and every time the clock strikes thereafter, until 7 A. M., that word should ring out with ever increasing insistence, *danger!!!*

Anticipate the patient's needs and wishes

as far as possible, that he may have no occasion to ask for anything. Give water and nourishment frequently and regularly. Infants and very young children may need to have their stomachs washed out with the stomach pump, to get rid of the quantities of tenacious mucus which prevents the absorption of food or medicines, several times during the twenty-four hours, or even before each feeding.

Be prompt with the medicines, but do not awaken the patient for anything, if he is sleeping peacefully and naturally.

The character of the cough and of the expectoration should be noted; also any complaint of pain in the chest. The sputa should be kept disinfected and when offensive should be constantly removed.

The unpleasant taste in the mouth and the furred tongue may be relieved by a mixture of lemon juice and glycerine, used as a mouth wash. The sordes on the teeth should be cleaned off several times a day. Some antiseptic spray should be used for the nose and throat several times during the twenty-four hours. By so doing, the ears may be kept from becoming involved in the inflammatory process.

A *cotton jacket* may be applied to the chest and covered with an oil-silk jacket. It is much to be preferred to poultices. If moisture is desired as well as heat, the cotton may be wrung out of a solution of ammonium chloride  $\mathfrak{J}\text{ii}$  to water  $\text{O}\text{i}$ . Even during high fever, a hot water bag to the feet and an ice-cap to the head is very beneficial, and often will relieve the delirium or prevent it altogether.

If *opium* or *sedatives* be given, the nurse should watch for symptoms of blueness, dyspnea, profuse sweating, or stupor, and if there is no means of conferring with the medical attendant, the dose should be omitted or lessened, according to her best judgment.

*The bowels* should be moved freely each day, and a bed pan used—never should the

patient be allowed to sit upright, or to get out of bed. The saline cathartics are the best remedies for the relief of the constipation. Of these, magnesium sulphate or Seidlitz powders are the best to use. Enemata are also good treatment.

*Powerful patients* suffering from mania or delirium tremens must be carefully guarded. For this reason the nurse should arrange to have some one within call to assist her in case of need.

*Bed sores* should be guarded against by frequent change of position, so as to relieve pressure on the exposed parts, a water bed, or by rubbing with cocoa butter, mutton tallow, or olive oil, to be followed, if necessary, by zinc oxide powder.

*Baths*.—For the high temperature, sponging or a wet pack, with ice-cap to head, and hot water bag to the feet is very satisfactory in results. Ammonium carbonate may be added to the water in the proportion of  $\mathfrak{J}\text{i}$  of the former to  $\mathfrak{J}\text{iv}$  of the latter, or, even household ammonia may be added to increase the benefits to be derived from such treatment. Sponging the patient with a solution of ammonium chloride  $\mathfrak{J}\text{ii}$  to  $\text{iv}$  added to water  $\text{O}\text{i}$  frequently relieves pain, reduces temperature, and is generally beneficial; certainly its effects are much more desirable than sponging with alcohol. Ammonium carbonate  $\mathfrak{J}\text{i}$  to water  $\mathfrak{J}\text{iv}$  may be substituted for the ammonium chloride solution. In the aged, a little tr. capsicum may be added to the water and it will act as a stimulant to the skin to prevent its chilling and to counteract any depressing influence of the bath.

I am very much in favor of using water at a temperature, *when applied to the body*, of not more than  $100^{\circ}\text{F.}$  to  $104^{\circ}\text{F.}$ , and quickly sponging the patient, to be followed by some friction from a towel. The water at that temperature will be just hot enough to produce a reddening of the surface, but not to give rise to the goose-flesh appearance. This

brief application of heat to the skin will increase the loss of body temperature. It dilates the superficial blood vessels; it increases the supply of blood to the surface and the consequent heat radiation from the large area of blood exposed to the cooling influence of the skin; it increases the action of the sweat glands; and this also adds to the loss of heat, because of the resulting diaphoresis. The final effect of such a bath should be to lower arterial tension, quicken the pulse, relieve the engorgement of the over-worked heart, increase the vascular activity, and to cool the blood. It should also quickly relieve the impeded circulation. In very young children and in infants, nothing will relieve the dyspnea and cyanosis more quickly than a hot bath at a temperature of 110° F. for a period of ten or fifteen minutes, with an ice-cap on the head, care being taken to keep the recumbent position as much as is possible. When the child is removed from the bath, he should be quickly enveloped in a flannel blanket and put in bed. Should diaphoresis be very free, the child must be

changed into another warm, dry blanket. While the high fever lasts and frequent baths or sponging are necessary, a very loose, warm woolen or outing flannel gown should be worn to absorb the moisture and prevent chilling the patient, and it should be changed as often as necessary. This will be found to be much more convenient for the nurse and it will save the patient from the exhausting ordeal of the more troublesome changing. In young children the blanket, by being carefully pinned at the neck so as to prevent the access of air to the body, answers every purpose of a gown and is much to be preferred.

To sum up: The strength of the patient must be husbanded to the last degree by means of nourishment, medicines and care; the heart must be sustained by absolute quiet and by remedies intelligently administered; elimination must be promoted; and, finally, the period of convalescence must be carefully guarded from over-exertion or exposure, that serious complications may not follow as sequelæ of the disease.

### Infectious Pneumonia

The increasing prevalence and deathrate of infectious pneumonia is recognized by the State Health Department of New York in its monthly bulletin by the announcement that hereafter it will be given a separate column in the bulletin, and be the subject of distinct notice. Hitherto it has been grouped in the reports with other "acute respiratory diseases." The term will be used as including only acute lobar pneumonia, and not catarrhal or broncho-pneumonia. The

bulletin says: "While many prefixes to this name appear on our death returns, it is pretty safe to say that physicians generally understand the distinction as to the infectious disease we desire to specially record." The total number of deaths from pneumonia in the State during January is given as 1,510. This is more than half of the average mortality in the State for all acute respiratory diseases, including pneumonia, for five years.

# Nursing Sick Children as a Specialty for Trained Nurses

**Robert W. Hastings, A.M., M.D.**

Resident Physician of The Boston Floating Hospital

**T**O SAY that nursing is a profession is but another way of stating that certain members of the profession will desire to perfect themselves in a special line of nursing. A lawyer or a physician gets the best possible academic training, spends from two to four years in a university and then is ready to attempt the practise of medicine, or law. If he is wise and can possibly afford the time and money, he takes further courses termed "post-graduate" in the office of a lawyer of established reputation, or in a hospital. Probably before these years of preparation are finished he will have found out what special department of the profession most attracts him, and when he begins practise he will at least try to make that his vocation, even though his need of daily bread may require the devotion of the chief part of his time to general practise as his vocation. If he has this in mind, he will ultimately find the time when he can do that which he likes best, and can therefore do best.

Nursing as a profession has seen a rapid development. As is true of all forms of education, it did not begin at the bottom, but rather pretty well up. And it has worked both ways. We now have training schools for nurses of which the Waltham Training School in Waltham, Mass., is an admirable example, which are not mere adjuncts of hospitals. These correspond to the university courses of the lawyer and doctor. The courses in large general hospitals have no exact parallel in these professions, but give the nurse the practical training in the conduct of actual cases, and go far to explain why a competent nurse is always busy almost from the hour of her graduation, while the young lawyer or doctor must wait years before he can get busy.

Finally there has come to the nurse the opportunity to devote special study to that line of work which most interests her, or in which it may happen that her preliminary training has been least complete.

To meet this desire there has been established on The Boston Floating Hospital a training school, which combines theory and practise. Here for ten weeks each summer at least thirty nurses, who have already secured their diplomas from large general hospitals, work. It is no vacation. The work is hard, but the experience gained is large. Of course there is not the difficult lifting of adult patients, but there are often hours of bending over the little cribs, made to stand high in order to lessen this strain. There is the care of the sickest babies in Boston and its suburbs, a care continued night and day and involving watchfulness every minute. Depression from failure of one's utmost efforts finds its balancing delight in successful labor, which demonstrates to the public once again the great advance made in the care of the sick by the "trained nurse."

The nurse's mental powers, too, have the keenest training as she strives to learn just what is needed by the sick little one whose only language is a cry. It is indeed a most satisfactory way to spend ten weeks for those who are interested in this department of the nurse's work.

The Boston Floating Hospital has been a gradual development in all its phases. Designed originally in 1894, to give sick babies with their mothers, and if necessary with brothers and sisters, a day in the midst of the fresh abundant ozone laden sea air, it has become a well appointed summer hospital for sick children. Soon we hope for

a larger new boat, where arrangements for wards, beds, bathrooms, etc. will form fundamental parts of the plans and not be placed in parts of the boat not otherwise occupied. The gradual development of the hospital, however, has made possible the present compact, busy centre of work, which uses every square foot of space for that special thing to which it seems best adapted.

In nautical circles The Boston Floating Hospital is the barge *Clifford*. Originally designed for excursions, she was built with three decks and a hold. There is no motive power, but the boat must be towed from her mooring beside a wharf to her anchorage in the lower bay. The size is indicated by the fact that 1,400 excursionists are known to have been towed down the harbor on her on former years. This vouches, too, for the staunch way in which she was built.

While we have no motive power, there is a large boiler and considerable machinery, all located in the hold. The machinery consists of pumps to force fresh water, salt water, bilge water and for fire protection, and an engine which propels a fan connected with the "atmospheric plant." This last is a unique feature of the hospital. It applies for the sick the principles of the cold storage warehouses. Fresh air is taken down from the upper deck, carried over pipes kept cold by an ammonia ice making machine, and so deprived of its excess moisture. It is then easily warmed by steam pipes to the desired 70° F. or 72° F., and forced in abundance into the wards. This is expensive, of course, but then all this kind of work is expensive and we feel sure it has been the means of saving life. To pass through the door of one of these wards on a hot muggy August day is like passing at once into the presence of a cool, delightful October atmosphere. Small wonder then that the hospital is proud of its "atmospheric plant," which will surely be copied in the future by many similar institutions.

The lower deck of the boat is chiefly occupied by the general work of the institution. Here are the "galley" or kitchen, store rooms, refrigerators, linen rooms, open space with folding tables used for dining room, small operating room, pharmacy, babies' food department, and a small ward. This last, the first permanent ward, is styled Ward A, and was originally the ladies' cabin of the barge. Here thirteen little cribs are kept constantly full during the season, having for their complement of nurses a head nurse and three assistants during the day and two nurses at night.

The main deck has two large closed wards, Wards B and D, one small open ward, Ward C, quarters for house officers, a small nurses' dining room, and some space forward where guests can be by themselves or where well children can be amused by kindergarten teachers. Ward B, located over Ward A, is a little larger and has air supplied from the "atmospheric plant." Ward C is absolutely open, protected from the breezes only by curtains, and its six beds are devoted, so far as possible, to tuberculosis or chronic cases.

Ward D, the largest ward, with windows on both sides, is situated amidships and relies for its supply of fresh air on the fresh breezes which nearly always blow through it. Sudden chilling is provided against in all the wards by steam radiators. Light is supplied by electricity, connection being made at the wharf in the afternoon as well as with the city telephone system by simple plug and switch.

The upper deck is devoted to the "day patients." Here are brought each day by mothers, older sisters or occasionally fathers, little ones not sick enough for the permanent wards below, or for whom no vacant crib exists. Often one or more well children, who cannot be left on the street or at home, come too. The mother stays through the day from 9. A. M. to 4 P. M. and her sick little





THE BOSTON FLOATING HOSPITAL

one receives the attention of doctors, the supervision of nurses, and the best of food and treatment during that time. Moreover, she has careful instructions what to do at home and often actual demonstrations just how to do it. This work, therefore, is like to the out-patient work of a land hospital, but much more satisfactory, for the patients are under control during six or seven hours of each day they are brought. A large part of the upper deck, situated farthest aft, is curtained off to furnish a resting place for the nurses during their regular hours off duty during the day.

The nurse who enters the training school of The Boston Floating Hospital, therefore, has practical training in the care of the sick-est patients, both day and night, and also a chance to observe the less severe cases as they are brought from day to day. Her practical training includes various kinds of bathing, hot, cold, warm, salt water, oil, sponge, tub, cold pack, etc.; the use of all the varied forms of infant food preparations and the different ways of giving them, by spoon, bottle, Breck's feeder, medicine dropper, esophageal tube, nasal tube, and occasionally hypodermically; the effects of the medicines; mechanical methods of treatment such as washing the stomach, irrigating the colon, hypodermoclysis of normal salt solution; observation of pulse and temperature and nervous symptoms, together with the peculiarities in normal and abnormal dejecta; occasionally too, observations of the diseased tissues of fatal cases and explanations why her best efforts necessarily failed. She will, too, have an opportunity to learn just how the food products are prepared, and why certain precautions are necessary. She will learn that pure clean milk is a possibility if sufficient care is taken, and that under these conditions pasteurization is unnecessary.

The sick babies whom our thirty-two nurses were able to observe during the season of 1903 numbered 210 in the wards and

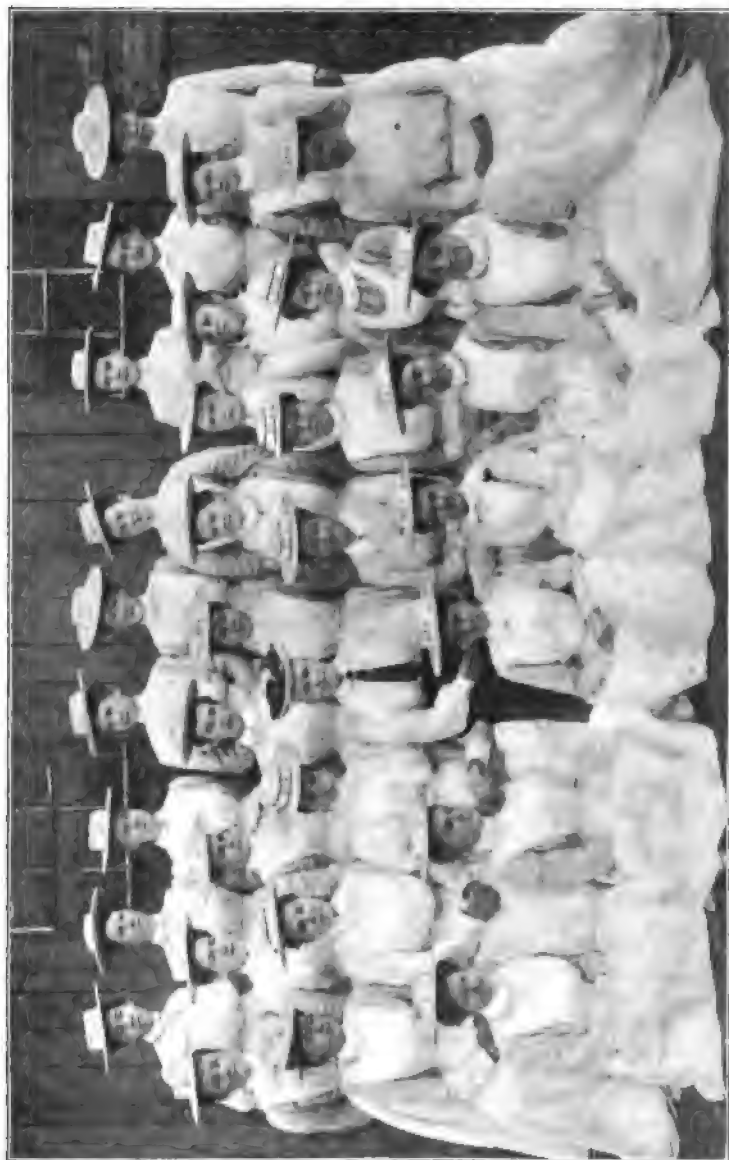
498 on the upper deck. Of course most of these were brought because of summer complaint. But the large number of other diseased conditions is suggested by the cases of bronchitis 25, conjunctivitis 9, hernia 23, impetigo 10, pleurisy 4, pneumonia 12, rachitis 120, in all 989 diseased conditions diagnosed among the 210 permanent patients, while the 498 day patients yielded 715 more.

Certain peculiar rules of the hospital, too, cannot fail to have a lasting impression upon the nurses. One requires the careful exclusion of flies from the wards and the patients chiefly by means of screens; another forbids the nurse to touch the nipple from which the infant takes his food, this having been put in place by an assistant in the food department *with clean hands*; another requires elbow sleeves for nurses and doctors, too, and bathing hands and forearms in an antiseptic solution after any possible contamination and always before the nurse herself eats; a further precaution for her is the constant wearing while in the wards of large aprons, removed when off active duty.

All these practical instructions emanate from the superintendent of nurses, Miss L. A. Wilber, and are enforced by competent head nurses. In a general way the hospital is run along the principles of any large hospital, more especially perhaps parallel to The Boston City Hospital.

The theoretical part of the training is accomplished by a series of lectures given by the members of the visiting staff. Notes are taken by the nurses, corrected by the superintendent and by the respective lecturers, and at the close of the season a written examination given. Successful graduates are given an engraved diploma certifying to their proficiency. The lectures for 1903 were as follows:

1. Introductory lecture.
2. Peculiarities in Anatomy and Physiology of Children.



THE CLASS OF 1903

3. Care of Premature and Sickly Infants.
4. Management of Digestive Disorders and Infant Feeding (two lectures).
5. What to Observe in Children (two lectures).
6. Therapeutics on Infancy and Childhood (two lectures).
7. Congenital Defects and Deformities.
8. Congenital Syphilis.
9. Diseases and Care of Skin in Children.
10. Feeble-minded and Backward Children.

*Nurses' Examination, Training School of the Boston Floating Hospital, 1903.*

Express your meaning clearly. Re-read your answers.

1. Describe the features of a child during the onset and during the course of a severe febrile disease.
2. Describe the cry of hunger; how does it differ from that due to pain?
3. What is cleft palate, and what are its dangers?
4. What is a mucous patch? Is it contagious, and in what parts of the body do you find it?
5. What precautions are necessary in order to give a child a modified milk food, free from the contamination of bacteria?
6. What babies should not be allowed to nurse their mothers, and why?
7. How is the circulation of blood carried on in the fetus?
8. What would you give a baby, premature at seven months (in the absence of the physician), during the first three days of life?

9. Name the symptoms for which you should watch while administering the following drugs; opium, belladonna, alcohol, nitroglycerine, strychnine, salicylate of soda, and expectorant cough mixtures.

10. Describe in detail the proper method of administering nutrient enemata.

The standing of the hospital is suggested by the fact that in 1903 it was chosen as one of the four stations in the United States where the study of the Shiga bacillus was conducted by the great Rockefeller Institute for Medical Research. Two expert bacteriologists were assigned to work with us and endeavored to learn whether this germ is the cause of the diarrheas which are fatal to so many infants every summer. Dr. Simon Flexner, of Philadelphia, who is in charge of this research, twice visited us and gave his cordial approval to our methods of work. Through him also we were furnished with a serum which it is hoped will afford a cure for these desperate cases, comparable with diphtheria antitoxin in that dread disease.

The appeal which these opportunities and this training has made to the nursing profession is shown by the fact that in 1903 more than half of the accepted applicants were from outside of New England, some training as far away as San Francisco and even Australia. In this description of the work much has been necessarily omitted or abbreviated. Much fuller accounts may be obtained by addressing Miss L. A. Wilber, 362 Commonwealth Avenue, Boston, Mass., or the office of the Hospital at 178 Devonshire Street, Boston, Mass.





THE DERNIER RESORT



WARD D.

## Easter in a Ward

W. Fairfax Gordon

THE four spacious windows opened toward the southeast, and from my bed on the opposite side of the ward I could see the roofs of houses; the town clock on the building which constituted the pedestal of William Penn's statue; the top of a budding tree, stretching toward the only portion of sky visible; the cross, and a section of the tower that belonged to the pretty Gothic chapel, which charmed us with its music on Sundays.

A loose stone had fallen from its place near the top of the tower. Ever since February I had watched some little birds enjoy the shelter this opening afforded. In May, perhaps they would build; I could then put some crumbs on the window sill to entice them to sing there. Of course I would be up by that time.

Many times I had seen that little piece of sky grow pink with the approaching day—why should an irresistible longing to see the angel (which some of the patients said stood over the chapel door) suddenly take possession of me?

For the first time, I stole softly across the ward to obtain a hasty view of the pretty piece of sculpture.

Feeling like a culprit, I apologized to the lady who occupied the bed next to mine:

"It is against the law I know, but I had to get a glimpse outside—on Easter."

A patron sent twelve pots of hyacinths, pink, blue, and white, so that there was one by each bedside, and each little bell rang out its sweet sermon. The overpowering fragrance would not permit them to remain with us for any length of time.

Besides Easter lilies there were large bouquets of pansies and roses on the desk. By exercising my imagination a little I concluded that I was in the prettily decorated chapel, and that soon I would see the choir boys,

whose recessional music had so often been wafted through the windows.

Just then I heard a stifled sob, and, turning to the patient next to me, I saw the top of the sheet quiver.

"Ah! never mind," I said, soothingly, "pretty soon the music from the chapel will begin and you will feel better."

"I am so homesick," she replied, as two tear-dimmed eyes appeared above the coverings. "My two little girls are getting ready for Sunday-school now. I can see them quite distinctly. One is buttoning the other's dress, and both are so proud of their new Easter dresses and hats! They will take part in the singing—and wish Mother could hear!"

We were interrupted by a dainty pattering of feet in the hall. After a few chords had been struck upon the harmonium which had been placed in the centre of the ward, a vision of fairyland appeared.

First came two little beauties, scarcely five years of age, in white silk dresses and carrying baskets of flowers. The others followed, arranged according to their sizes. They formed in line near the harmonium, and sang a number of pretty Easter songs.

When the flower girls had distributed the bouquets, the procession marched out, still singing, and went through the other wards, leaving everywhere the everlasting fragrance of a good and graceful deed.

For years, it has been Mrs. Weir Mitchell's custom to entertain the patients on Sunday afternoons by reading to them. We always looked forward with delight to these visits from our "Sunday Lady," as we called her, in contradistinction to the "Friday Lady," who brought flowers, and the "Monday Lady," who came as a visitor to inquire concerning our welfare, and to tell us of the progress of the world outside.

Mrs. Mitchell's clear, resonant tones could be heard throughout the ward, and her appropriate selections gave us many ideas which held their influences during the week—and afterward.

To-day, besides the usual box of wafer candies, she brought a lovely bouquet of roses and pretty Easter cards.

At night when we were combing our hair at the usual time after the lights were extinguished, I said:

"It has been such a sweet day!"

"I don't think so," some one disagreed.

"It is nothing but charity."

"Faith, Hope, Charity," I said. "What is greater than *Charity*?"

## The Preparation and Care of the Surgical Irrigator

By a Graduate of Orange Training School, Orange, N. J.

THE making surgically clean and the keeping aseptically clean of the surgical irrigator is a subject to which some of us might give more thought and care.

As all well-ordered hospital operating rooms have their method of preparing and handling irrigators, we will consider in this article only the irrigator for private house operations.

Why should not the irrigator, to be used at an abdominal operation, be prepared with as much care as any instrument or dressing? Its contents enter the abdominal cavity and the outside of the tubing comes within the aseptic field, sometimes as near as two inches or nearer to the open wound. And yet, how often it happens that the irrigator and its tubing lack receiving that minute attention to detail which we consider so important for all the other appurtenances coming within the field of operation.

Before the time for the operation, scrub the irrigator thoroughly inside and out with hot soap suds and ammonia. This inside scrubbing can be done even if the irrigator is only the ordinary rubber syringe-bag, for it can be inverted and scrubbed.

After rinsing the irrigator and tubing, wrap

and fasten them securely in a towel or linen bag and boil for half an hour in a covered receptacle. The irrigator may then be removed from the water, but left in its wrappings until ready to be hung up in the operating room.

Some surgeons have among their other supplies that style of irrigator which has the thermometer attached and secured to the outside of the bag. Of course such an arrangement prevents boiling the irrigator, as the thermometers seldom register to the boiling point. In such a case, probably the most that can be done is to thoroughly scrub the outside of the bag, swab out the inside "with a sponge on stick," rinse out and soak the entire thing in bichloride 1-1,000 for one hour. After an irrigator has been so prepared, let it be handled, in every way, with aseptic precautions, making sure that every person and every thing which hereafter comes in contact with it is surgically clean. Then, and only then, is the irrigator and its contents in a proper condition to perform their parts in the operation and fit to be handled, if need be, by the surgeon himself.

When ready to hang up the irrigator, let it be removed from its wrappings by a nurse



whose hands have been scrubbed and disinfected. Let the nail or hook on which the irrigator is to be hung, and also the door or wall against which the irrigator and tubing will hang, be well covered with a large sterile towel. Loop up the tubing in such a way that no part of it hangs down below the sterile towel. Fill the irrigator with the solution to be used and cover the outside completely with another large sterile towel.

In filling the irrigator, pour the solution from a pitcher or measure which has been sterilized and ascertain the solution temperature with a thermometer which has been rendered aseptic.

A nurse expecting to do much private surgical work will find it convenient, in more ways than one, if she provides herself with a thermometer registering  $212^{\circ}$  or higher. Such a thermometer can be boiled, wooden case and all, and is so long that when put inside the average irrigator, the handle projects sufficiently above the top and thus provides a convenient place on which to hang the sterile tubing when not in use.

It is usually advisable to fill the irrigator before the surgeon commences his operation. A good plan is to make the temperature of the solution 10 degrees or 20 degrees higher than that at which the surgeon is likely to wish it; then, just before irrigation is called for, it usually needs but a small addition of hot or cold solution to bring it to the desired temperature.

Irrigation usually falls to the lot of the nurse, although sometimes it is done by the assistant operator, and occasionally by the

surgeon himself. In any case, the nurse must watch the supply and replenish, if need be, before it is quite exhausted, for it is indeed an annoyance to a surgeon if the flow suddenly ceases and he is kept waiting while the irrigator is refilled.

In handling the tubing, watch that it does not swing against the anesthetizer, drop on the back of a chair or fall against some other person or thing unsterile.

This is one of the little points on which young or unpractised nurses frequently slip. Quite true, the matter is of minor importance, but why not give strict heed even to minor details? It helps us to feel more keenly the true spirit of aseptic surgery and keeps us mettled to a thorough and complete discharge of our duties as a surgical nurse.

If one of the surgeons is irrigating, the nurse must be on the alert to shut off the supply and receive the nozzle and tubing as soon as it is no longer needed; otherwise the surgeon, in his haste to proceed with his work, may drop it on the floor through a desire to rid himself of the thing no longer needed. After receiving it, hang the tubing again over the thermometer in the bag, or if there is no thermometer in the bag, loop the tubing on the nail which holds the bag and which was covered at the outset of the operation with a sterile towel.

Never, under any circumstances, should a nozzle which has been used be stuck down into the inside of the irrigator. We know this is frequently done, but a little reflection on the part of any thoughtful nurse will convince her, I think, that it is a dirty practise.



# Hemorrhage

Dora Battson

Pupil Nurse at Parker Memorial Hospital Training School, Columbia, Missouri

CHIEF among the alarming occurrences of sickroom life is hemorrhage. As the ancient Israelite, looking on the blood, believed he beheld the life, so we of to-day realize, to some extent at least, the danger of the life current escaping. Perhaps a beneficent Creator, in his all wise plans for his creatures, painted it a startling color that we might the more readily take alarm and so escape the grim, insatiable enemy of our race.

Another tender thought is embodied in the clotting of the blood—that wonderful collection of fibrin in a semi-solid mass, serving as a temporary dam to the outflow of the life-current. How like a band of tiny fays in their red cloaks, trying, with their diminutive hands, to close the breach. Many a wounded creature, with no surgeon but dear old Mother Nature, is saved by this wonderful provision.

As a herald of Death, not to open the way for him, but to bar the way with her frail form and keep him back, if possible, comes the merciful Syncope. The over-zealous nurse, in a panic of fright, seizes her hypodermic, loaded with a powerful stimulant, and Nature's helpfulness is overcome by science misapplied. *Never*, until the doctor, the nurse's demi-god, has ordered it, should a stimulant be given in hemorrhage. The renewed strength of the heart forces away the frail dam of fibrin and on comes the red flood. The injured vessel lessens its calibre just as much as possible. Then nature, having exhausted her resources, stands by to see the outcome. St. Paul says, we are workers together with God. He has placed wonderful provisions in nature, but he has left much for man to do, ay, and woman too, and right bravely must the heroine of the

cap and apron bear herself when this hydra-headed monster attacks her patient. As the Spartan lad gave no token of the fox gnawing his vitals, so the nurse keeps her serene face and calm manner, though anxiety tears at her heart. The things she may do are few and simple and yet may save a life.

In the daintily ordered room, she is sitting by the snowy bed where lies her patient. His least movement escapes not her watchful eye, for is not the dreaded hemorrhage a possibility, even a probability? Suddenly the pulse beneath her watchful fingers grows rapid; the pale face grows paler; the lips are white and slightly parted, showing the presence of nausea. He is restless and moves uneasily on his bed. A clammy moisture gathers on his forehead; the face has an anxious expression. The nostrils are pinched and drawn. He asks, in a faint voice, for water. His breath comes in sighs. "These are the times that try men's souls." Now, nurse, to work with all the skill of your well trained brain and hand, and be quick! Life and Death are balancing the scales.

The dreaded moment, anticipated all through the fever, is here. The sudden drop in the high temperature that came a few hours ago, foreboded all this evil. The nurse quickly, and yet calmly, elevates the foot of the bed, wrings light gauze compresses out of ice-water, places them over the abdomen, insists on the patient being quiet, and if necessary, gives him a hypodermic of morphia gr.  $\frac{1}{4}$ . She writes a "hurry up" message to the attending physician, with the name of the second choice among the doctors, and with instructions to bring *some* doctor if neither named are obtainable, she despatches with all speed the first reliable

messenger she can find. The cold compresses are changed every few minutes and the room kept clear of anxious friends, except one trusted assistant. The doctor comes in hot haste. The hemorrhage has been profuse and the patient is in a state of collapse. A glance shows him that much has been done. Auto-transfusion has been practised, one arm and the opposite limb having been bandaged to divert more blood to the brain; a hot-water bag is over the heart, acting as quite a stimulant; other hot bags surround the body at a safe distance. Probably the first thing that the doctor does, is to give a sub-cutaneous injection of ether to aid the flagging heart, then with the help of the nurse, the normal salt solution transfusion is given, a 1-20 gr. strychnine hypodermic and an enema of coffee and brandy, hot as can be borne. The last resources of the pharmacopeia are resorted to—hypodermics of ergot, brandy, and transfusions of gelatine and normal salt solutions. How weak and unavailing are man's boasted power and skill! The patient sinks rapidly into a coma from which he never rallies. Defeated.

Many and varied are the circumstances and treatment of hemorrhage. When an accident occurs and a large artery or vein is severed, the jet of blood must be stopped quickly or death comes in a few minutes. This is done by a tourniquet or by digital pressure, care being taken not to cut off the blood supply long enough time to cause death of the part. Great haste is necessary, on this account, to get the surgeon without a moment's delay. Don't be in too great a hurry and so fail to protect the skin before applying the tourniquet, also elevate the limb, for this treatment can only be applied to the limb. The tourniquet must not remain in place more than one hour on the arm and two

hours on the leg. Pressure is painful and long continued may cause inflammation in the blood vessel. When the physician arrives it is usually a matter of picking up the injured vessel with the forceps and applying ligation.

The post-partum hemorrhage is one of the most alarming, though, as a rule, the nurse has less responsibility in the matter, as the physician is present when it occurs. Styptics are used here a good deal—hot water (115-120° F.) and ice, a firm contraction of the uterine vessels being the object sought. Chemical styptics are little used unless it be in umbilical hemorrhage in a baby, as they prevent primary union and usually produce an unhealthy state of the tissues. In capillary hemorrhage where the red blood wells up as from a squeezed sponge, the actual cautery may have to be resorted to.

Secondary hemorrhage usually comes from either a slipped ligature, or a sloughing wound, and may be just as fatal as a primary one. In a wound, remove the dressings at once so as to give the air free access. After that, proceed as in primary hemorrhage.

In the many hemorrhages from cavities, the nurse's duty is to keep the patient cool and quiet, apply ice compresses, and, as far as possible, elevate the part. If it be hemoptysis or hematemesis, elevate the head, and if uterine hemorrhage or bleeding from the bowel or rectum, elevate the foot of the bed.

Give water often, though in small quantities, after hemorrhage, as the thirst is very distressing. The suffering from dyspnea is also great. With the escape of one half of the blood of the body in a hemorrhage, the life goes with it. The immortal part, that like a rare jewel has been held in a wonderfully wrought casket, goes back to the Source of all life and beauty and immortality.

# Answers to the Examination Questions\*

(Continued from March.)

## MEDICAL NURSING.

I. Temperature may be normal or sub-normal, pulse is rapid and wiry, there is marked distension of abdomen, face is pale and muscles of the face are drawn, anxious expression, skin is cold and clammy, patient calls for air, speaks of thirst. It is a complication in typhoid fever.

II. Symptoms are sudden fall of temperature, weak, rapid, irregular pulse, cold clammy skin, sighing, shallow respirations, thirst, calling for air, face pale, expression anxious, and the appearance of blood in the stools.

The physician should be called at once; elevate the foot of the bed, apply ice cap to the abdomen, give enema of ice water. Morphine gr.  $\frac{1}{4}$  may be given hypodermically and some styptic.

III. A relapse is a return of the disease before health has been restored. It is not so serious as the original attack.

IV. There are two forms: (1) Croupous or lobular. This is the most common form, it is with us in all seasons, in all climates, and in every age in life. It may attack one or both lungs. It lasts nine days, has three stages, *a*, congestion; *b*, red hepatization; *c*, gray hepatization. It terminates by crisis. (2) Bronchial or catarrhal. This form attacks the old and the young. It is often fatal, ends by lysis. It is an inflammation of the bronchioles and air vesicles.

V. The rusty sputum.

VI. By sponging with ice water, cold pack. Ice-cap to head, antipyretics.

VII. Rheumatism is the most frequent cause. Symptoms are, severe pain, cyanosis, rapid bounding pulse. Patient is unable to breathe lying down. Must be propped up in bed.

VIII. Nephritis. Symptoms: nervousness, suppression of urine, or scanty urine, convulsions, albumin in urine.

IX. Eruptive fevers, typhoid fever, mumps.

X. Antitoxine. Isolate patient and nurse. All clothes used about the face, as for throat and nose discharges, should be burned. Linens should be disinfected before sending to the laundry. Nurse as well as patient should receive immunizing doses of antitoxine, and mouth and nose should be sprayed with an antiseptic solution.

When the patient recovers the nurse should clean and fumigate the room.

## SURGICAL NURSING.

I. Sterilization is the process by which objects are rendered free from germs.

II. 1. Mechanical, with soap, brush, and water; it renders the object clean.

2. Chemical, with antiseptic solutions; it renders germs harmless.

3. Thermol, with heat, dry or moist; it renders objects free from all germs.

III. Bichloride of mercury, 1-1000; it requires  $7\frac{1}{2}$  grs. to Oi sterile water. Carbolic acid, 1-20 or  $\frac{3}{32}$  to 19 sterile water. Boric acid, 1-20 or  $\frac{3}{32}$  to 19 sterile water.

IV. The day before the operation have a wash boiler thoroughly cleaned and filled with filtered water. Put a clean dipper in, cover with a sheet, and put on the lid. Boil for one hour. Set it aside to cool. This water will be cold sterile water for the operation. Take a second boiler, and repeat the same process on the morning of operation. This water will be hot sterile water for the operation.

V. Besides her wearing apparel she should have a good hypodermic syringe and needles, tablets of morphia, gr.  $\frac{1}{8}$ , atropia, gr.

\*The above are the answers to the Examination Questions in September, 1903, issue accepted by the training school and are published by request.

1-150; strychnine, gr. 1-30; digitaline, gr. 1-100; nitro-glycerine, gr. 1-100; a scissors and nail brush; an instrument case containing a tissue forceps, probe and scissors; a bottle of alcohol, carbolic acid, and antiseptic soap. Bichloride tablets, thermometers (clinical and bath), charts, medicine glass, droppers, catheters, glass and rubber, hat pin for ice pick, ice-cap, hot water bag, fountain syringe, pus basin, douche pan or bed pan, perhaps a Kelly pad.

**VI. Patient:** She should have a purgative and bath the evening before, the parts should be shaved and sterilized. The morning of the operation she should have a full bath, her hair braided in two braids, and wear an open back gown, and long stockings. A specimen of the urine should be examined. She should be catheterized immediately before taking the anesthetic. She should be prepared, legally, morally and physically. She must not have anything to eat for a least six hours before, and must have a thorough enema on the morning of operation. After catheterizing put on dressing wet with bichloride and fasten with a T binder. She must be divested of all jewelry and artificial teeth. Nurse should stay with patient while she is taking the anesthetic, then arrange her in a position with leg holders. Before operation temperature, pulse and respiration should be taken.

**Room:** Select a well ventilated and a well lighted one on the second floor, not too far from the bath room. Remove all furniture the day before. The floor should be scrubbed and washed with a solution of carbolic acid, 1-20. The walls, if papered, dusted with a damp cloth, if not, washed with solution same as floor. A kitchen table will do for an operating table, should be four feet by two feet by thirty inches high, cover with a blanket and sterile sheet, have three or four chairs and as many small tables; the latter should be covered with sterile towels and they may be used for pitchers, basins, etc.

Water prepared the same as in question four. The day before you should wrap pitchers, basins, trays, in a sheet and sterilize, on the morning of operation rinse them out with scalding water and wrap sterile gauze around the handles after sterilizing your hands. Have a fountain syringe filled with sterile water near the operator, Kelly pad on foot of the table, a bucket to catch water from it, another for soiled water from sponges, two or three sterile sheets, absorbent cotton, about one pound sterilized, sterile towels, sterile gauze and pads, a chair for operator. Have solutions of bichloride and sterile water for hands. Boil instruments for about fifteen minutes in solution of soda bicarbonate, wrap cotton around the blades of the knives. If possible, the operation should not be done in the patient's room, but a second room be prepared. This room should also be cleaned. The bed should be made with a large sheet well tucked in first, then a rubber sheet across the bed and on the top of this a drawsheet, next the hot-water bags (or bottles), then the blankets, have a few towels and a pus basin near.

**Nurse:** She should take a bath the day before operation, wear a dress freshly laundered, a large white apron, have her hair combed back and covered by a cap. Her sleeves should be rolled above elbows and she should scrub her hands and arms ten minutes with antiseptic soap, brush and warm water, from a tap if possible. If she scrubs in a basin, water must be emptied frequently. Then scrub in bichloride. Then rinse in sterile water, and put on sterile gowns, cover patient with a sterile sheet. During operation she waits on the surgeon. Afterward she stays with patient until she is out of the anesthetic. When the patient is taken to her own room she is placed under the blankets, and the hot-water bags are placed outside the blanket. The patient should be catheterized every six hours and

irrigated when bowels move. Knees should be kept tied until stitches are removed.

VII. Crepitis is the grating sound made by rubbing together the ends of a broken bone.

VIII. Dislocation is the displacement of bones at a joint.

IX. Sprain is the twisting of ligaments at a joint.

X. Pyemia is a general infectious disease which arises from the entrance into the blood of the constituents of infected pus. It is characterized by metastatic abscesses. Fever runs the choppy course, normal in the morning and  $103^{\circ}$  or  $104^{\circ}$  in the evening.

#### PATHOLOGY.

I. Twenty ounces.

II. The kidneys are situated in the back of the abdominal cavity, one on each side of the lumbar vertebræ. A line drawn horizontally through the umbilicus would pass just below the normal kidney. And a line drawn from Poupart's ligament parallel with the linea alba, would pass through the middle of the kidney.

III. Urine to be tested for albumin should first be filtered, if not perfectly clear.

#### BOILING TEST.

Fill a clean test tube about one third full of suspected urine. If the reaction is not decidedly acid, add a few drops of acetic acid to make it so. Boil gently for a moment, then hold to the light. Any opacity appearing will be due either to albumin or earthy phosphates. If the latter, it will clear up upon the addition of a few drops of nitric acid. If not, albumin is present. Anything except albumin will disappear upon a second boiling.

#### COLD NITRIC TEST.

Fill a clean test tube to about the depth of one half inch of pure nitric acid. Then put in an equal quantity of urine. Let it trickle down the side of test tube so as not to mix with but just overlies the urine. If

albumin is present a white zone will appear at the line of contact.

IV. When there is inflammation or supuration in the genito-urinary tract, or the rupture of an abscess into that tract.

#### MATERIA MEDICA.

I.  $\mathfrak{Z}$ i equals a teaspoonful.

$\mathfrak{Z}$ ss equals a tablespoonful.

$\mathfrak{Z}$ iss or  $\mathfrak{Z}$ ii equals a wineglassful.

II. A tincture is a non-volatile substance (all except sodine) dissolved in alcohol.

III. By mouth, by hypodermic injection and by rectum. By hypodermic injection is the smallest dose and by rectum the largest.

IV. Dose of tr. digitalis, min. 5-20.

Dose of tr. nux vomica, min. 10-25.

Dose of tr. aconite, min. 1-4.

V. Drugs may be incompatible in three ways:

(1) Chemically, when the combination of two drugs form a new compound. Example, alkalies and oils form soaps. Calomel and lime water form black wash. Tannic acid and iron form ink. Alkalies and acids form salts.

(2) Mechanically, when the action of one drug is rendered negative by the addition of another drug. Example: Morphine and atropine. Atropine counteracts the ill effects of morphine.

(3) Pharmaceutically, when an undesirable mixture is formed by the union of two substances. Example, water and oil.

VI. (1) Emetic, apomorphine, dose gr. 1-10, by hypodermic; gr. 1-5 by mouth.

(2) Hypnotic, chloral, grs. x to xx.

(3) Antipyretic, phenacetine, dose. grs. iii to x.

VII. Iodine, mustard plaster, turpentine, and capsicum.

VIII. An alkaloid is the active principle of a drug.

Strychnine is the active principle of nux vomica.

Morphine is the active principle of opium.

Digitaline is the active principle of digitalis.

IX. A disinfectant destroys germs and prevents putrefactive changes from taking place.

A deoderant destroys foul odors.

(1) Bichloride of mercury in a solution of 1-1,000.

(2) Carbolic acid in a solution of 1-20.

(3) Boric acid in a solution of 1-20.

X. Strychnine, grs. 1-60 to 1-20.

Digitaline, gr. 1-100 to 1-50.

Nitro-glycerine, gr. 1-100 to 1-50.

Whisky, min. xxv to ℥ss.

(℥ss may be given in divided doses; min. xxv in one hypo.)

Tr. digitalis, min. x.

#### ELECTRO-THERAPEUTICS.

I. Galvanic, faradic, static, and sinusoidal or voltaic.

II. Electromotor force.

III. The length, diameter and character of the wire.

IV. An ampere is the unit of electromotor force. A milliampere is 1-1,000 of an ampere.

V. Not more than 15 or 20.

VI. From the positive to the negative pole.

VII. It makes the treatment less painful by reducing the resistance.

VIII. Upon the strength of the primary current and upon the size and strength of the primary coil.

IX. Where the nerve enters the muscle.

X. When a muscle begins to lose its irritability to the rapidly interrupted current, then to the slowly faradic current, and finally to the galvanic current, degeneration soon follows.

### \*The Nurse and the Sunbeam

Only a sunbeam that entered the room  
At the break of dawn each day,  
Helping to banish my patient's gloom  
And drive his dark thoughts away.

Weary and long were the hours,  
And hard was the racking pain;  
But the sunbeam that nurtured the flowers  
Helped him back to health again.

Oh, soldier boy, soldier in blue,  
Your pain is happily o'er.  
Did I do as much as the sunbeam,  
Or just a little bit more?

\* These verses were written by one of the six American nurses who were in Pekin, China, in 1901. After her return to this country, and while nursing a pneumonia case, she beguiled a weary vigil by jotting them down on the back of a record sheet. The patient afterward secured the sheet and sent the verses to THE TRAINED NURSE.

# The Diet Kitchen

Mary Caldwell

## HOW TO COOK FISH.

Fish, to be enjoyed by the sick, must be perfectly fresh and thoroughly cooked. A fresh fish has bright red gills, the flesh along the back bone is firm and elastic, and the eyes are bright and bulging. In food value it is much like lean meat, but is more desirable as a means of varying the diet than as a staple food. In cooking they need more care, if anything, than meats, as they have little connective tissue to hold the large fibres of the muscles. It is the breaking down of the connective tissue during the process of cooking that causes the fish to fall to pieces. For instance, a fish is to be boiled; put it in a cheese cloth and lower it into boiling water, but do not let it continue to boil, let it simmer gently; it will then remain whole, but if it had boiled hard it would have fallen apart when taken from the water. The length of time allowed is about ten minutes to the pound. When cooking fish it must be remembered that they belong to the protein foods and must be cooked with due regard to that fact. Fish having white meat constitute an excellent food for invalid diet, and it may be cooked in a variety of ways, either baked, boiled or broiled, and if any remain over it can be nicely creamed. It is best not to give smoked, dried, or pickled fish to invalids, although an exception may be made of salt codfish.

Among the shell fish we find that oysters are much relished and easily digested. Measure for measure they are about of the same food value as milk, but who could eat a quart of oysters? Certainly not an invalid; but, on the other hand, almost any one can dispose of a quart of milk.

## BAKED FISH.

Wipe the fish with a cloth rung out of cold

salted water, remove the fins and scales and stuff it with a dressing:

*Dressing:* For each cup of fresh bread crumbs add one teaspoonful of lemon juice, one of onion juice, one tablespoonful of chopped parsley, salt and pepper to taste, one teaspoonful of butter, and enough cold water to moisten. Fill the body of the fish and sew it up, put slices of salt pork in the bottom of the place and put the fish upon them, then put more pork on top of the fish. Bake, allowing ten or twelve minutes to the pound. Baste every ten minutes. Serve with fish sauce.

## FISH SAUCE.

Beat together two eggs in a saucepan, pour over them one fourth of a cup of hot vinegar, cook until it thickens like custard, stirring all the time. Season with one teaspoon salt, two teaspoons of sugar and half a teaspoon dry mustard, one tablespoon of butter. Just before serving add one fourth cup of boiling water.

## SAUTED FISH.

Wash the fish with a cloth wrung out of cold water, remove the skin, cut the fish in nice pieces, and rub each piece with onion and lemon, roll in cracker crumbs then dip in a mixture of beaten egg and milk (one tablespoon of milk to each egg), then roll them in fine bread crumbs, seasoned with salt and pepper, sauté by putting them in a hot fry pan with a tablespoon of smoking hot fat; brown first on one side, then turn and brown on the other.

## BROILED FISH.

Have the fish split the entire length, take out the back bone, cut off the fins, and scrape the fish carefully, to be sure there are no scales left on, wash in cold water, wipe dry, dredge the fish with salt, pepper and flour.



Rub the bars of a double broiler with fat, place the fish upon them, broil over a clear fire, turn the inside to the fire first, turn frequently to prevent burning.

#### FRIED FISH.

Wash the fish with a cloth wrung out of cold salted water. Cut it in nice pieces and roll in crumbs seasoned with salt and pepper, then dip them in a mixture of beaten egg and milk (one tablespoon of milk to each egg), then roll again in crumbs, fry in deep hot fat for five minutes, drain on a cloth.

#### CREAMED OYSTERS.

One tablespoon of butter, two tablespoons of flour. One cup of milk and one pint of oysters. Melt the butter, add the flour, stir until smooth, add the milk gradu-

ally, cook until it boils, stirring all the time, then add the oysters, cook till the edges curl. Season with salt and red pepper.

#### FRIED OYSTERS.

Drain and wash the oysters, then roll and dip them just as the "Fried Fish" was prepared; fry them only one minute.

#### CLAM SOUP.

Make a cream sauce of one tablespoon of butter, one tablespoon of flour, and one cup of milk, then take twelve clams and their juices and strain off the juice and heat it, chop the clams and add them to the hot juice, let it boil up, then add it to the hot cream sauce. Do not let it boil after the two parts have been put together, as it will curdle. Serve very hot.

## Some Italian Recipes for Invalid Cooking

#### MONA BRIGADA BROTH.

Take two small slices of breakfast bacon and fry crisp. Crush it fine and place in a shallow pan adding two cups of cold water and two tablespoons of chopped parsley leaf. When the water boils poach lightly two eggs. Toast a slice of thin stale loaf bread and butter, put the eggs upon it and pour mixture over it. Serve immediately before the bread becomes too soft.

#### RIBBON NOODLES.

Take a pint of best white flour. Sift on the board twice. Make a depression in the flour and break the yolks of two fresh eggs into it. Add a scant teaspoon of salt. Work until you get a compact smooth mass. Let it stand ten minutes. Flour board, roll out seven times until you have the dough

thin as parchment. Hang on a clean towel over a chair back in the sun until dry. Fold backward and forward and cut in narrow strips. Shake so as to separate each ribbon. This is ready to use at once in any kind of clear soup while it is boiling. It should be cooked until tender and easily pierced by a fork.

This can also be kept in a tin box and used as you would vermicelli.

#### BREAD CRUMB SOUP.

Grate four heaping tablespoonfuls of stale loaf bread, add the well beaten yolks of two eggs and a salt spoon of salt and one tablespoonful of dried and grated Parmesan cheese. Add to broth while boiling, but let it only boil up once. This is quickly made and is appetizing.

# Editorially Speaking

## THE SURGICAL NURSE

The article in this issue on "The Care and Preparation of the Surgical Irrigator," directs attention to the great importance of seemingly minor matters, and shows how neglect of these leads to a deterioration in the nurse. The writer of this article shows an appreciation of the true spirit of the surgical nurse, so ably presented by Dr. Campbell in his article in February issue. Dr. Campbell says: "A surgical nurse must be *conscience incarnate*. However fine may be the methods of a surgeon, if his assistants lack integrity, his results will be disastrous. Every assistant at an operation is a link in the aseptic chain; one defective link ruins the chain. Of little use are your rules and formulas, your methods and your technical knowledge, if back of them all, and permeating them all, is not the spirit of integrity."

"In the mind of every nurse must be an aseptic ideal which shall govern and guide all her work, which never fluctuates and never fails."

"All ideals deteriorate unless constantly nourished by contemplation of the highest and best examples. Nothing deteriorates the aseptic ideal so completely as a fluctuation in the application of its details. If the doctor is not particular, and the case is not a major one, the temptation to modify the technique and to be less particular in the details are fatal to the maintenance of a high standard. Whether the case be great or insignificant; whether the surgeon hold a strict surveillance or not, your standard must remain the same, and your ideals suffer no modification."



## THE NURSE'S OUTFIT

Among the many valuable suggestions contained in the article "The Trained Nurse in

Private Practise," by Dr. Remondino, in a recent issue of our magazine, was one that the nurse will find of great practical value in her every-day work, namely, the necessity of a well-equipped outfit. There are a number of articles that a physician cannot carry from house to house, but which a nurse can add to her outfit, and have always ready on request, thus increasing her usefulness, and earning the lasting gratitude of the physician.

It would seem hardly necessary to state that these articles should be of the very best, and the nurse must not allow herself to be attracted by inferior ones because they are cheap. The best she can procure will always be the cheapest in the long run. If she is to purchase good supplies, therefore, she must know where and how to buy, and it is here that the advertising pages of the magazine will be found of inestimable value. No nurse can afford to neglect this important department of her magazine, for it keeps her in touch with all that is newest and best. A graduate of one of the largest training schools in New York city said to us recently: "I know every advertisement in the magazine so well that I recognize a new one as soon as it appears." This is the up-to-date, twentieth century trained nurse.

Another valuable suggestion by Dr. Remondino is made as follows:

"One means of improvement is to keep in continued touch with the advances in your profession. To do this, I would advise you to subscribe at once for the leading monthly publication devoted to trained nursing, as well as to one of the leading weekly medical journals, wherein you will find epitomized the progress of medicine and surgery. These will enable you to understand the physician's ideas better than if you remain in ignorance

of these progresses and of the studies he follows. It will enable you to make more intelligent reports, as you will also be the better in position to comprehend the nature and order of existing diseases, the fluctuation in epidemic and other diseases, changes in forms of treatment, as well as those channels of information which will keep you abreast of new surgical procedures, changes in dressings, and of many innovations that all nurses should know, as well as the surgeon."



#### CONTRIBUTIONS FOR THE JAPAN EXPEDITION

When Dr. McGee was preparing to start for Japan she found herself in need of a number of nursing books and books on Japan, its language, customs and habits. She appealed to *THE TRAINED NURSE*, feeling sure that we would be able to assist her in this matter. We immediately wrote to a number of firms requesting donations of books and the result was far in excess of our most sanguine expectations.

Scribner & Sons very kindly furnished a valuable book, by Chamberlain, entitled "Things Japanese," a standard and a classic on this subject.

Harper & Bro. gave "The Mikado's Empire," by William Elliott Griffith, and "The Russian Advance," in two volumes, by Albert J. Beveridge, with maps. McClurg & Company, of Chicago, gave one copy of "A Handbook of Modern Japan," by Clement. These works must certainly prove very useful and very entertaining to Dr. McGee and the nurses with her.

The medical publishers responded most generously.

Appleton & Company contributed two copies of Clara Weeks-Shaw's "Textbook of Nursing."

P. Blakiston's Son & Company, of Philadelphia, furnished Davis' Bandaging, Voswinkels' Surgical Nursing, Gould's Pocket Dictionary, Gould & Pyle's Pocket Ency-

clopedia, Dulles' Accidents and Emergencies, Fullerton's Surgical Nursing, Groff's Materia Medica for Nurses, Rosenau's Disinfection, Humphry's Nursing, Horwitz's Surgery and Brubaker's Physiology.

W. B. Saunders & Company, of Philadelphia, were equally generous and offered a large number, but Dr. McGee confined her selection to five copies of Essentials of Minor Surgery and fifteen copies of Steven's Practice.

Contributions were not confined entirely to publishing houses. The American Compressed Food Company, of Passaic, N. J., who manufacture an emergency ration, a large number of which have been used by the United States Army and by British troops in South Africa, very kindly contributed four dozen of these. Each ration is enough for three meals and is put up in a tin box, with a lump of compressed tea, also enough for three meals. The emergency ration is a preparation of meat extracts and vegetables compressed into a cake, three of which constitute the ration. As the emergency ration can be cooked in many different ways, or in case fire and water are not available, can be eaten just as it comes from the package, Dr. McGee and her nurses cannot fail to be benefited by this very useful gift. In the name of the nurses who have sailed for Japan we extend most cordial thanks.



#### ARMY NURSING DEPARTMENT

One of the most attractive departments of our magazine is that of Army Nursing, so ably contributed to by Mrs. Dita H. Kinney, the efficient Superintendent of the Army Nurse Corps. Circumstances have rendered it necessary to omit this department for two issues, and as we know the keen disappointment this has brought to our readers, for their encouragement we will give the letter of apology received from Mrs. Kinney.

DEAR EDITOR: I am very sorry, in a sense,

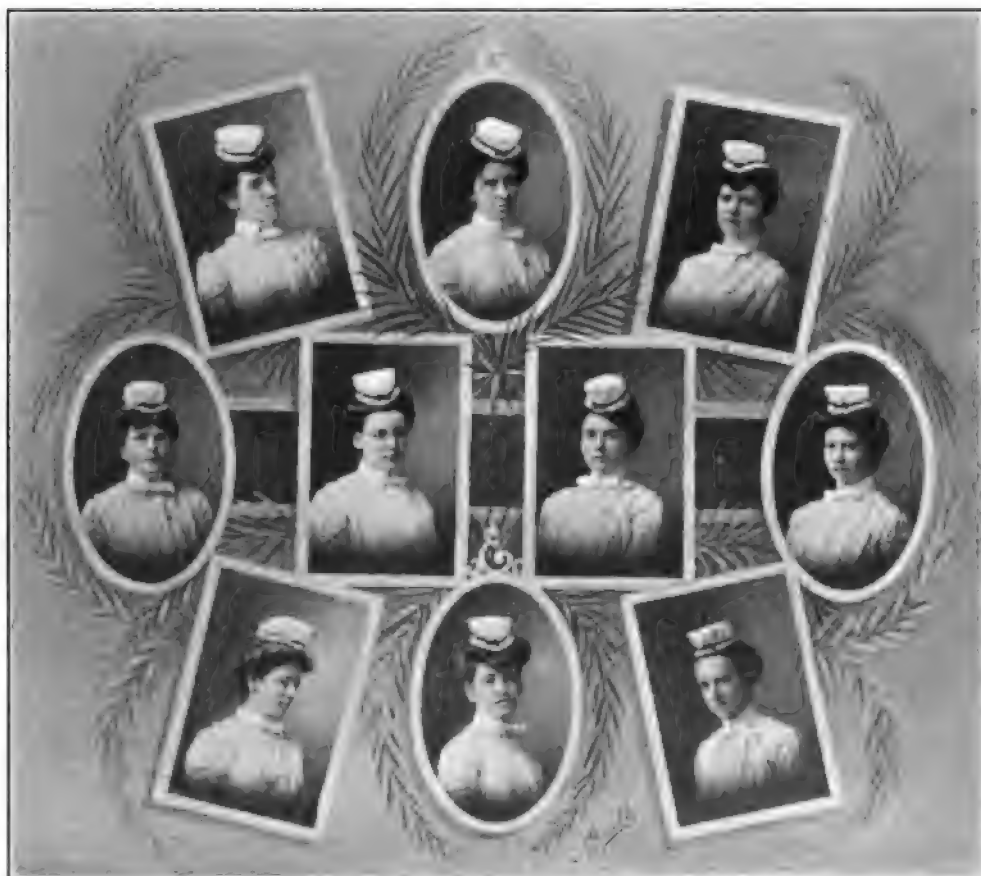
that there is still nothing to chronicle concerning the Nurse Corps, so your next issue will go to print with no army notes. On the other hand it is thought that a country without a history is a happy one. I surely feel that there is nothing just at the present time to indicate that this is

not true of the Nurse Corps. Things are smooth and eminently satisfactory to all concerned.

I am very much hoping to have something of extreme interest to send to you next month.

Sincerely yours,

DITA H. KINNEY.



GRADUATING CLASS OF 1903  
ST JOSEPH'S HOSPITAL, SIOUX CITY, IOWA

# In the Nursing World

There is no charge for the publication of news items and reports in this department

## St. Vincent's Hospital Training School

In the year 1855 Norfolk, Va., was visited by a terrible scourge of yellow fever. One of its victims was Miss Anne Plume Behan Heron, one of the wealthiest inhabitants of the town. It was her dying request that her home should be devoted to hospital purposes. This wish was carried out in 1856 by her brother, Dr. James H. Behan, when he delivered the property into the hands of the Sisters of Charity.

The original building, a handsome old colonial mansion, served without any addition for several years, but in the year 1864, Sister Isadore Kenny, of revered memory, took charge, and immediately began to improve and enlarge the hospital.

As the hospital grew the necessity of a training school became evident, and the services of Miss Caroline Farnum, a woman of great ability and experience, were secured for that purpose in November, 1893. Miss Farnum was a graduate of the Philadelphia Hospital School, and was a pupil of the celebrated Miss Alice Fisher. She continued in charge at St. Vincent's, doing splendid work with her small band of nurses, until the year 1895, since which time the school has been superintended by one of the Sisters, always a graduate nurse.

The pupils of this school are given every conceivable advantage, and are thoroughly trained in every department of nursing. This fact is so generally understood that a graduate from St. Vincent's Hospital Training School is always in demand.

In the midst of its advancement and flourishing career a grave calamity befell the hospital on the night of September 21, 1899, when it was nearly destroyed by fire. In an incredibly short time it was rebuilt, and as it now stands there is not a handsomer or better equipped hospital in the country.

The first class of nurses under Miss Farnum numbered only six, but as the profession became more popular, and the demand for trained nurses so great, the school increased until now it numbers about thirty pupils.

On the twenty-first day of January the present very able and progressive superintendent called a meeting of the graduate nurses for the purpose of forming an alumnae in connection with the

training school. The nurses responded very generally and the motion was seconded most heartily by all. After the exchange of pleasant greetings from old classmates, an election of officers took place as follows:

Miss S. Contesse Seawell, president; Mrs. J. J. Miller, first vice-president; Miss Mary Moore, second vice-president; Miss Jennie Trayler secretary; Mrs. J. Moran, assistant secretary; Miss Mary J. Anthony, treasurer; Miss Minnie Parker, assistant treasurer.

The alumnae will hold quarterly meetings, which will be looked forward to with pleasure by all the members, and it is to be hoped that good-fellowship, encouragement and advancement may be the result. S. CONTESSE SEAWELL,  
President.

&

## Buffalo, N. Y.

The Homeopathic Hospital Training School alumnae organized with the following officers: President, Miss Mary Louise Drake; first vice-president, Mrs. William Paddock; second vice-president, Mrs. A. J. Brodie; third vice-president, Miss Robinson; fourth vice-president, Miss Rosetta Burton; recording secretary, Miss Margaret Martin; corresponding secretary, Mrs. Cole; treasurer, Miss Maud Thomas; historian, Miss Josephine Snetsinger. The executive committee is composed of Miss Valentine, Miss Schofield, Miss Wickett and Miss Helen MacPherson. The association will meet on the first Tuesday afternoon in each month at three o'clock.

In electing Miss Mary Louise Drake to the presidency of the alumnae association, the nurses have shown a just recognition. Miss Drake was the first nurse to graduate from the training school, has been an active and enthusiastic worker in the Buffalo Nurses' Association, and is at all times zealous for the advancement and honor of her profession.

It was our privilege to be present at a meeting of the Homeopathic Alumnae Association, and we predict for the society much success in organization work. Among the enthusiastic workers are Miss Amy Poole, Miss Ida Gardner, Miss Frances Cole, and others.

Miss Sylveen V. Nye was elected president of the Buffalo Nurses' Association at the annual meeting. The other officers elected to serve with Miss Nye are: First vice-president, Mrs. Harriet D. Storck; second vice-president, Miss Amy Poole; recording secretary, Dr. Jeanette Oliver Prescott; corresponding secretary, Miss Gertrude Greenwood; treasurer, Mrs. J. T. Anderson.

Directors elected for the new year are: Miss Mary Cole, Miss Helen Alt, Miss Beata Bowie and Mrs. J. T. Anderson. Two trustees were appointed, Dr. Prescott and Miss Josephine Snetsinger.

Preceding the election of officers, reports of the month and other unfinished business were attended to. Mrs. Storck, the secretary, read a number of letters received from the State Federation of Clubs and that of Western New York. From the State Library committee came a most interesting communication, asking that the association lend its help in contributing educational decorative pieces, whether of statuary, pictures or maps, to the bare classrooms of the village school, or wherever such gifts would be welcomed by progressive teachers. Books and magazines were also included in the suggestion. A letter was read from the university extension department of agriculture, at Cornell, asking the co-operation of the association in removing unsightly gatherings from streets and yards, and advancing the work of beautifying and making sanitary the outdoor world that lies in the vicinity of crowded streets.

In view of the compiling of a new city directory, a committee was appointed to collect the names of members of the Buffalo Nurses' Association that they may be correctly listed. Miss F. A. Benham and Miss Poole were appointed by the chairman, Miss Owen. A committee, consisting of Miss Nye and Dr. Prescott, was appointed to revise the by-laws and have them in readiness to submit at the next meeting. The question of having a banquet was postponed for settlement until later.

In commenting on the election of Miss Nye as president of the Buffalo Nurses' Association, the *Buffalo Times* says:

"The Buffalo Nurses' Association could have made no better choice for president than when it elected Miss Sylveen V. Nye, one of the well-known Buffalo women, who has been identified with the workings of the organization for many years, and who acted as first president of the

State Nurses' Association. Miss Nye is a very capable and broad-minded woman, with the best interests of the association at heart, and there is not a doubt but that under her tactful administration the organization will soon be classed among Buffalo's leading clubs."

Miss Anna Auerback is temporarily filling the position at Welcome Hall made vacant by the leave of absence granted Miss Knoepke.

Miss Wooton, of Montreal, who has been located in Buffalo for the past few months, has returned to her Cleveland practise.

Miss Jane Overton has moved from 34 Days Park to the residence of her friend, Miss Alice Owen, 116 Mariner Street.

Miss Lee, Miss Ten Eych, Miss Leish, and Miss Lynch, recent graduates of the Buffalo Hospital of the Sisters of Charity, have decided to locate in this city.

Miss Cornell, who has been seriously ill of typhoid fever at the Sisters' Hospital, is convalescing.

Miss Helen Alt met with a serious accident recently, by falling on the ice and sustaining a fractured fibula.

Miss Ida Gardner was called to Hoboken, N. J., by the serious illness of her sister.

Miss Louise Jardine has accepted a position in the hospital at Austin, Pa.



#### Alameda County Nurses' Association

The nurses of Alameda County have formed a trained nurses' association. This association will, as soon as possible, affiliate with the State Association of Trained Nurses, which has its headquarters in San Francisco, and join with it in working for State legislation to secure registration. Twenty-five nurses were present at the meeting at which the association was organized, and the membership roll now contains the names of sixty nurses throughout the county. The officers of the association are: President, Mrs. L. J. Fitch, superintendent of nurses at Fabiola Hospital; first vice-president, Miss Louise A. Moore, superintendent of nurses at the East Bay Sanatorium; second vice-president, Miss Kate

Creedon, manager of the Alameda Sanatorium; secretary, Miss E. M. Wooley; assistant secretary, L. C. Shingle; treasurer, Miss Edna Shuey. The association is to hold its meetings on the second Wednesday of each month.



#### Graduate Nurses' Association of Pennsylvania

The Graduate Nurses' Association of the State of Pennsylvania will hold their third quarterly meeting April 20-21, at Wilkesbarre, Pa. The convention will be held in the Auditorium of the Hotel Sterling, corner River and West Market Streets, Wilkesbarre, the opening session taking place Wednesday morning at ten o'clock. An opening prayer will be offered by the Rev. Dr. Jones, and G. W. Guthrie, M.D., will deliver an address of welcome to the visiting nurses.

A very interesting paper on "What Registration will Mean to the Public" will be written and read by Miss Constance V. Curtis, of Phoenixville Hospital, Pa. Two others, the first on "Preliminary Education for Nurses," and the second on "The Power of the Press in Securing Legislation," will also be presented, but as yet writers have not been secured.

MRS. GEO. O. LOEFFLER.



#### Pittsburg, Pa.

West Pennsylvania Nurses' Alumnae Association held a delightful session at the home of Mrs. J. R. Wylie, in Wilkesburg, March 2. A part of the program for the afternoon included a discussion on "Current Topics," under the direction of Miss Nannie G. Barclay, who also gave a short parliamentary drill, and the remainder of the time was devoted to social interests. Miss E. N. Hunt, the president, conducted the meeting, which was well attended, as the nurses all enjoy these little social outings, and a dainty buffet luncheon was served by the hostess.

The regular monthly meeting of the St. Barnabas Guild was held in the church rooms of the Protestant Episcopal Church, Lewis Block, and the question of caring for sick nurses received considerable attention. It was declared at the meeting that when a nurse was taken sick with a contagious disease it was difficult to secure her a bed in the local hospitals.

Rev. Cortlandt Whitehead, D.D., chaplain of the National organization, was present at the meeting, and he said that the problem was so big that it was deemed best to call all the nurses of all the schools together so that the matter might be thoroughly discussed. Bishop White-

head said that arrangements would probably be made to raise a fund of several thousand dollars, and arrangements made with city physician B. A. Booth, so that when a nurse is taken sick with a contagious disease while nursing, she may secure a bed and attention.

A mass meeting was held by the trained nurses of Pittsburg and Allegheny on Friday afternoon, March 11, in the dispensary building in Sixth Avenue to discuss plans for the proposed hospital for nurses suffering from contagious diseases. Addresses were made by Dr. Booth, Rev. S. Edward Young, Bishop Whitehead and others. A committee in charge of the meeting included Rev. Cortlandt C. Whitehead, D.D., Miss Wilhelmina Duncan, Miss Jemima Morgan and others. A number of entertainments have been given recently under the auspices of the St. Barnabas Guild to start a fund for a nurses' contagious hospital, and the matter is to be definitely taken up at the meeting. It was proposed to build a cottage hospital somewhere in the suburbs for this purpose, but this was discarded as entirely impracticable, and an apartment in the new Municipal Hospital is regarded as a much more satisfactory arrangement. Much interest is being taken in the project, and the meeting was largely attended.



#### St. Luke's Hospital Training School

Five nurses were graduated from the Training School of St. Luke's Hospital, Newburg, N. Y., March 1, and received the diploma and pin of the hospital. Interesting exercises were held in connection with the presentation of the diplomas, and these were witnessed by about one hundred friends of the graduates and of the institution.

Those who received the honors were Miss Carrie Stevens, of Fort Montgomery; Miss Alice Hunter, of Montreal, Canada; Miss Anna Wynne of Newburg; Miss Edith Francis, of Coopers-town, and Miss Willetta Storms, of Newburg.

Dr. Jova presided and at the outset spoke of the growth of the hospital, from a small home to the present magnificent institution, and congratulated the managers upon the success and progress. Dr. Jova then introduced the Rev. John Huske, who, addressing the nurses, spoke of their duties to their patients and to themselves.

The Rev. Dr. Hall made a brief address in which he commented on the good the hospital had wrought, declaring it to be of inestimable value.

Dr. John T. Howell, in addressing the grad-

uates, touched on their work, and outlined their responsibilities. When he had concluded, Miss de Pencier, the superintendent, said:

"Before presenting these nurses for the diplomas, I wish to say that in so doing, I am performing a pleasant duty, which virtually belongs to a sister nurse.

"You all know that it is a very short time since I assumed the duties of superintendent of your hospital and training school for nurses. Therefore all praise is due my predecessor, Miss Dunlop, for the creditable work done by these nurses who will receive their diplomas to-night, not forgetting, of course, the doctors who have lectured to them for two years, and I take this opportunity of thanking them each and all for their untiring efforts to bring the nurses up to the desired standard. We require 65 per cent. on all Junior papers, and 75 per cent. on all Senior papers. The lowest average per centage made by any of this class was 81; the highest average was 94½. I have some pardonable pride in telling you that there is one Canadian in the class and that she carries off the honors. Let me now present to you these nurses. They have passed all examinations and are entitled to the diploma of the school."

Mrs. Shipp, the president of the Board of Managers, then presented the nurses with the diploma, and pinned upon the young women the pin of the hospital.

The benediction was pronounced by the Rev. Mr. Huske.

#### Work of Visiting Nurses

The Cleveland, Ohio, epidemic of typhoid was given consideration at a meeting of the Visiting Nurses' Association at its quarters in the Kingmore Building, March 2. The report of the secretary for February showed that 307 patients had been cared for during the month, the majority of whom were suffering from typhoid. To the bad condition of the water was ascribed the cause of the alarming spread of the disease. The association adjourned with the resolve to do all in its power to care for the stricken and to assist the city authorities so far as possible in wiping out the epidemic.

The Visiting Nurses' Association, which is a charitable organization, whose services are always at the disposal of persons unable to pay for them, depends for support upon the benevolences of the public and adds to the efficiency of its services as this philanthropy increases. Miss Matilda Johnson, the present superintendent of nurses, is

now making an effort to reinforce the funds of the society, which are being rapidly depleted through the extra work incidental to the typhoid epidemic.

The association is also distributing pure water to the houses of the poor. In this it has received the aid and co-operation of Health Officer Friedrich, who has taken much interest in the work and who has volunteered to accompany the nurses on their rounds in order to get a better insight into the condition of the people in the poorer quarters of the city.



#### Nurses for Japan

Given God-speed by several hundred persons who assembled at Broad Street Station to see them off, Dr. Anita Newcomb McGee and eight nurses started March 4, from Philadelphia, for Seattle. In the crowd at the station were members of the Spanish-American War Nurses' Association, to which the departing nurses belong, members of the Red Cross Society and friends and acquaintances of the travelers. Four Japanese students were also there. One of them, F. Luzuki, made a little speech, in which he said:

"We are proud to be in a country that has proved so friendly to Japan. The departure of these noble women arouses in us greater regard than ever for the Stars and Stripes."

On their way to the station Dr. McGee and her companions called at the City Hall, and were received by Mayor Weaver. The Mayor said to them:

"It is to be regretted that nations must come to war to settle their differences; but since this has happened, it is a cause for great rejoicing that noble women can always be found to start on such missions of mercy as this. At the peril of your lives, and in the face of unknown dangers, your little band begins its journey to the Far East. You have a long trip before you. May it be free from accident and hazardous experiences. We in Philadelphia will watch with interest your journey Eastward and your experiences on the battle field. I hope to see you back in six months, meaning that I trust the war will be over by that time."

On Tuesday, March 8, the party, numbering about 41, sailed from Seattle, Wash., on the *Iyo Maru*.



#### Homeopathic Hospital Nurses' A. A.

The Alumnae Association of the Reading (Pa.) Homeopathic Training School for Nurses held a special meeting on Monday, February 15, 1904, at 2 P. M. at the Homeopathic Hospital.





GROUP OF NURSES ACCOMPANYING DR. MCGEE TO JAPAN.

*Photograph kindly loaned by the Brooklyn Daily Eagle.*

The president, Miss Kaufman, in the chair. Five members were present, and the usual routine business was transacted, after which special business was disposed of. The meeting then adjourned. The next regular meeting will be held June 8, at 2 P. M., at the Homeopathic Hospital, 135 North Sixth Street.

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#### **Samaritan Hospital Nurses**

The third class of the Samaritan Hospital Training School, of Troy, N. Y., received their diplomas on Tuesday evening, February 2, 1904. The graduation exercises were held in the assembly room of the Nurses' Home. The address was given by Dr. Didama, of Syracuse.

The Alumnae Association held its second annual meeting Monday evening, February 1. After the business meeting, the nurses enjoyed a social hour, with music and dancing, followed by a banquet.

Of the twenty-nine nurses who have thus far been graduated from the Samaritan Hospital, two have married, and the rest are doing excellent work—some holding responsible hospital positions and the others in private practise in Troy, Glens Falls, and neighboring towns.

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#### **City Hospital Nurses A. A.**

The Alumnae Association of the City Hospital Training School for Nurses, Indianapolis, Ind., held its first regular meeting on Tuesday, March 1, 1904. The regular meetings hereafter will be held on the first Tuesday of each alternate month at City Hospital, in the Training School parlor, at 2.30 P. M.

The November meeting is to be the annual meeting. The next regular meeting will be held the first Tuesday in May. All graduates are invited to attend. A. REIN, Secretary.

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#### **Camp Roger Wolcott**

A special meeting of Camp Roger Wolcott, of Massachusetts, Spanish-American War Nurses, was held at 3 P. M. on Thursday, March 3, at the Boston Nurses' Club, 755 Boylston Street, Boston, Lieut. Sara R. Langstrom presiding.

The meeting was intended as a farewell to Capt. Mary E. Gladwin, who goes with Anita Newcomb McGee, M.D., as a member of the first party of ex-army nurses for service in Japan.

The members were, however, disappointed, as Captain Gladwin had already gone to join the party at Philadelphia.

It was therefore voted to send a telegram to

Dr. McGee's Philadelphia address, extending greetings, best wishes for success and safe return.

Later the camp had the pleasure of entertaining the executive committee of the Massachusetts State Nurses' Association at tea.

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#### **Philadelphia, Pa.**

The Philadelphia County Nurses' Association held its regular monthly meeting on Wednesday, March 9, 1904, at 3 P. M., in the College of Physicians, Thirteenth and Locust Streets, Philadelphia.

The meeting was called to order by the president, Miss Mollie Malloy, and the usual routine of business was transacted.

The subjects put forward were discussed informally among the eighteen members present, and the meeting was thoroughly enjoyable.

NELLIE M. CASEY,

Chairman Publishing Committee.

The regular monthly meeting of the Alumnae Association of University of Pennsylvania Hospital was held Monday, March 7, 1904, at 3 P. M., in the Nurses' Home.

The meeting was called to order by the president, Miss Rudden, and the usual routine business was transacted.

Treasurer reported in the Endowed Room Fund, \$2,165.32 cents. The five-dollar annual subscriptions to this fund come in slowly.

The bulletin board, for the use of Alumnae members, is in position in the office of University Hospital. Any member whose name is not yet on the board can have it placed there by communicating with Miss Caroline Dunn, 23 South Nineteenth Street, Philadelphia, and enclosing one dollar for this purpose.

The following names were presented for membership: Miss Rebecca B. Abbott, Miss Elizabeth Broughton, Miss Helen E. Clark, Miss Mabel Jacques, Miss Margaret Lindberg, and Miss Lottie Nagle.

The coming convention of the Associated Alumnae in this city in May next was discussed, as was also the State Association.

Roll called—fifteen members present.

Meeting adjourned. NELLIE M. CASEY,  
Secretary.

The regular monthly meeting of the Alumnae Association of the Woman's Hospital, Philadelphia, was held at 1227 Arch St., March 9, 1904.

There was a large attendance of members and several visitors. Some new members were ac-



**SAMARITAN HOSPITAL CLASS OF 1904, TROY, N. Y.**

Miss Harris	Miss Welch	Miss Preston	Miss Wagner
		Miss Schumacher, Supt.	Miss Machie
Miss Banfield	Miss Fitzgerald		

cepted, and letters were read from nurses requesting admission to the alumnae.

After the business meeting adjourned, we spent a pleasant social hour with Miss Hannum, who kindly entertained us to ice cream, coffee and cake before separating. Miss Blehl favored us with vocal and instrumental music, which was very much enjoyed.

JANE LOVE,  
Recording Secretary.

♣

#### Army Nurse Corps\*

Another action undertaken on behalf of our society is so nearly assured of success that I report here. Longevity pay and cumulative leave, having been retained in the Navy nurse bill, in spite of the fact that the Army did not have them, led to an attempt to secure them for the Army Nurse Corps.

The first result is shown in the following extract from "Hearings" before the Committee on Military Affairs, House of Representatives, on the Army appropriation bill:

"The Chairman of the Committee (reading an item from the bill): 'For 100 nurses, \$55,020.' How is that working?

"General O'Reilly: That is working very well. We have an admirable class of women, numbering a hundred. We could place 150 if we listened to all the requests for them. They are doing good work in the places where they are.

"The Chairman: There have been some suggestions to me by advocates of the Nurses' Corps that there ought to be promotions in it, an increase of pay for length of service. The statement to me was that now the best quality of the nurses, after they have been in a little while, are taken away from the corps by the large pay they get from private work.

"General O'Reilly: I think it would be a very good idea," etc.

(Here follows discussion of comparative pay.)

When the proper time for further action came, I presented the matter in person to those senators whose vote would virtually decide the matter, and found them so favorably disposed as to give every hope of success.

The official request I give below in full:

WASHINGTON, D. C., January 24, 1904.  
*To the Committee on Military Affairs,*  
*United States Senate.*

Gentlemen: I have the honor to recommend to your favorable consideration the addition of the following words to the Army appropriation

bill, page 14, line 7, after the provision "For one hundred nurses, fifty-five thousand and twenty dollars," *Provided that appointments shall be for periods of three years each, subject to discharge for cause, and with each reappointment they shall receive an increase of five per centum in their pay: Provided, That the leave with pay now allowed by law to nurses may become cumulative.*

Owing to the very low pay allowed to trained nurses in the Army (\$40 a month in the United States and \$50 in the Philippine Islands), much difficulty is experienced in retaining them in continuous service. A nurse is usually over twenty-five years of age when she graduates from the training school, and it is estimated that at the end of fifteen years her strength is no longer sufficient for the active and exhausting work of her profession. Being therefore obliged to earn a fair income during her working life, a nurse cannot remain long in the Army unless some financial inducement is offered for continuous service. Further, civil institutions not infrequently offer positions to successful army nurses, often at double the army pay, whereas our Government offers no recognition and no reward for long, successful, and loyal service.

The British army gives longevity pay to its nurse corps; the paymaster's clerks associated with our army have it, and the chaplains are about to have it. The principle of increasing value from increasing experience governs also the case of the army nurses.

The second proposed proviso is intended to correct an unexpected ruling of the Comptroller. It was the intention of the Department in drafting the "army reorganization act" of 1901 that the one month's leave allowed nurses "for each calendar year" should become cumulative, because two out of the three years in the term of service are spent in the Philippines, where it is impossible for the nurse to visit her home in a month. As the Comptroller refused to allow cumulative leave, many nurses now leave the service for some months, and afterward reapply and are reappointed, thus putting the Government to considerable expense for transportation.

In sum, the provisions above specified are needed in the interests of the service and are advocated as measures of economy.

Very respectfully,

ANITA NEWCOMB MCGEE,  
President Spanish-American War Nurses, etc.

♣

#### Bermuda

His Excellency the Governor received a

\* The above is a postscript to the open letter to the Spanish-American War Nurses published in March issue.

deputation of the Friendly Societies of these islands at Government House recently. The Rev. Dr. Pentreath, senior chaplain to the Forces, as organizer of the scheme, briefly introduced the deputation, the object of which was to lay before His Excellency the unanimous desire of the Friendly Societies for the establishment of a nursing association to be called "The Bermuda Nursing Association," to visit the sick, that is to provide nurses for house to house visiting on the same lines as the Queen Victoria's Jubilee Institute for Nurses. His Excellency expressed his warmest approval of the scheme, and promised his full patronage.

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#### Brooklyn Hospital A. A.

The regular monthly meeting of the B. H. T. S. Alumnae was held March 1. Twenty members present.

The advisability of having a registry at the hospital was discussed, but not voted upon.

A committee was formed, Miss Van Ingen, chairman, to revise the old constitution and by-laws. A social few minutes was enjoyed by all. Coffee and cake served.

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#### New York City Training School A. A.

The regular monthly meeting of the Alumnae Association of the N. Y. C. T. S. for Nurses was held as usual at the New York Academy of Medicine, 17 West Forty-third Street, March 8.

After the usual routine of business, the president drew the attention of the members present to the fact that there were two matters of importance before them for deliberation and decision, viz.: As to whether the Alumnae Association should have a dinner or reception. It was decided to have the reception. Then the following members were chosen as delegates to go to Philadelphia to attend the meetings of the Associated Alumnae to be held on May 12, 13 and 14: Miss, J. Amanda Silver, Miss Ella V. Burr, and Miss Irene B. Yocum.

The Hon. Homer Folks then addressed the association on the progress of the N. Y. C. Training School during the two years of his administration as Commissioner of Charities.

The one building for the Nurses' Home was found inadequate and overcrowded, and a wing costing \$66,000 was added. Another was as badly needed and added, when a third addition was planned for as well. These three new buildings are comfortable, cheery and up to date. containing laboratories for chemistry, pathology and scientific cooking, and all those other things

necessary to the home of a good training school for nurses. These laboratories are second to few and superior to many in small colleges and universities, and will help to make it possible for only superior women (such as good nurses are) to meet the test and standard. The course of training now requiring three years, gives time for the development of fine educational work, which is essential to good nursing. An expert dietitian gives her entire mornings to the instruction of classes. The fees of lecturers to the school and the expense of books for probationers are now borne by the Department. Probationers are given three months of instruction and classroom work before entering the ward.

The refreshments were presided over and dispensed by Miss Emily Gilmour and Miss E. Farrell.

JULIA M. SYRON,  
Corresponding Secretary.

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#### Mount Sinai Alumnae Association

A regular meeting of the Mount Sinai Alumnae Association took place on March 3, at 149 East Sixty-seventh Street, New York city, being the last meeting at the old training school prior to its removal, as also Mount Sinai Hospital, to their new quarters at Fifth and Madison Avenues, 100th to 101st Streets.

The meeting was well attended, and besides the usual routine business, much interest was shown in discussing the subject of "What Can be Accomplished by Nurses in an Educational, Social, or Charitable Way?" one of the questions brought forward in a letter from the Associate Alumnae organization.

An outline of a charity work, which it is our hope in the future to properly fill in, promises a worthy goal, which we hope to reach.

HELEN GELLNER,  
Recording Secretary.

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#### Lebanon Hospital Nurses Alumnae Association

The regular monthly meeting of the Alumnae Association of Lebanon Hospital Training School for Nurses was held at the hospital on Tuesday afternoon, March 8, 1904. Owing to so much sickness the attendance was much smaller than usual. It was decided that a special meeting be called for March 22 for the purpose of appointing a delegate to be sent to the Associated Alumnae Conference to be held in Philadelphia in May.

M. CLANCY,  
M. DALTON.

**St. John, N. B.**

The Graduate Nurses' Society of the St. John General Public Hospital was organized on April 2, 1903, with a charter membership of sixteen. Dr. J. H. Scammell and Dr. T. D. Walker kindly assisted in the organization. The association has been progressing very favorably during the year and now has a membership of twenty-nine. There is a registry for nurses in connection with the association, which is doing good work.

The annual meeting of the society will take place on April 2, at the board room of the hospital.

The officers of the society are: Miss Isabel Stewart, president; Miss M. G. Williams, first vice-president; Mrs. P. J. Donohoe, second vice-president; Miss M. A. Brown, secretary; Miss A. M. Pitt, treasurer.

A course of lectures have been given during the winter months, by a number of the medical profession. These lectures have been very much enjoyed and have proved of great benefit.

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**Virginia State Nurses**

The Nurses' Examining Board of Virginia is progressing slowly. One hundred and twenty-five application blanks have been received by the secretary, which is about one third of the estimated number of nurses in the State. To this number of applicants one hundred and five certificates have been issued, some doubtful ones being kept until the meeting of the board in May.

Miss McKinley, a graduate of St. Vincent's Hospital Training School, and the present superintendent of St. Christopher's Hospital, of Norfolk, received the first certificate issued, her application being the first one presented to the board.

During the session of the House we have been threatened with amendments. Political friends of nurses, who care nothing for the good of all, not feeling sure of their standing in the profession, consider such schemes more effective than right doing. But by the tact and diplomacy of our president, Miss Cabinis, we have so far steered clear of our political friends, and our law stands intact.

LEAH DE LANCEY, Secretary.

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**Norfolk, Va.**

The Graduate Nurses' Association of Norfolk and the St. Vincent's Alumnae have united for the purpose of entertaining the Virginia Association, which meets in Norfolk in May. Both Sister Helen, of St. Vincent's, and Miss

Smith, of the Protestant Hospital, have kindly offered their hospitals for the meeting. As St. Vincent's has a more central location it was decided to accept Sister Helen's offer.

Arrangements have been made for a luncheon to be given at the Hampton Roads Yacht Club. The club is situated on Hampton Roads, and commands a beautiful view of Old Point, Fort Monroe, and the surrounding sea shore.

It is hoped that all present members of the association and many others who are to become members will be present as this promises to be one of its most interesting sessions.

Norfolk will endeavor to make this meeting, socially, most enjoyable, and she realizes that she will need to put forth every effort after the delightful two days spent with the Charlottesville nurses last May.

LEAH DE LANCEY, Cor. Secy.

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**Married**

At Dallas, Texas, March 5, 1904, Miss Carrie E. Miller to Mr. William G. Talley, of Dallas. Mrs. Talley is a graduate of the Louisville Training School for Nurses, class of 1892.

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**Personal**

Miss Theresia L. Miller, who has been head nurse at the Frankford (Pa.) Hospital since its organization, has resigned, and will be succeeded by Miss Annie Bradley, a graduate of the Johns Hopkins Hospital Training School.

Miss Abbie S. Stout, superintendent of the Mercer Hospital, Trenton, N. J., tendered her resignation, to take place March 1.

Miss Leila V. Jones has tendered her resignation as superintendent of nurses, City Hospital, Charleston, S. C.

Miss N. Dorothea Gothson received the special prize for proficiency in surgical nursing at the graduation exercises of the General Hospital, Paterson, N. J.

Miss Marguerite Bullene has been appointed directress of nurses at St. Luke's Hospital, Denver, Col., to succeed Miss Mark Eyre, who has resigned on account of ill health. Miss Bullene is a recent graduate of St. Luke's Training School for Nurses.

Mrs. J. E. Osgood is filling the position of night matron at the hospital at Winsted, Conn.

Miss Margaret L. Wood has resigned her position as head nurse in the Waterbury Hospital, Connecticut.

Miss Emma Grainger, class of 1902, Lowell General Hospital, has been appointed assistant superintendent of nurses at Davis Memorial Hospital, Elkins, W. Va.

Miss McKinley, of 3943 Olive Street, St. Louis, Mo., has a registry situated in easy reach of the Fair Grounds, and says she is also prepared to accommodate a few nurses visiting the Fair.

At a meeting of the New Jersey State Nurses' Association, the society paid a well deserved compliment to its former president, Miss Irene T. Fallon, by electing her delegate to the Nursing Congress to be held in Berlin.

Miss Mary P. Nicholls, graduate of Touro Infirmary Training School, New Orleans, La., has accepted a position as head nurse for Talley & McAdory's private infirmary, Birmingham, Ala.

Miss Van Ingen has been appointed night supervisor of the Brooklyn Hospital, of which she is a graduate.

### Obituary

At the regular meeting of the Massachusetts General Hospital Alumni Association, held on February 23, 1904, when it was learned with deep regret of the death of Mrs. C. E. Simpson, who graduated in the class of '96 as Miss E. E. Etherington, the following resolutions were adopted:

*Whereas*, We have lost from among our numbers Mrs. C. E. Simpson, we the members of this association desire to express our appreciation of her sterling qualities and lovable disposition, and our sorrow for her death.

*Resolved*, That we extend our sincere sympathy to her husband and family in their great loss.

*Resolved*, That a copy of these resolutions be sent to her family, a copy recorded in the minutes

of this association, and a copy sent to THE TRAINED NURSE for publication.

LILLIAN H. MORRIS,  
ISABEL M. DOUGLAS,  
Committee.

Miss L. Blanche Smith, who died at the Municipal Hospital, Philadelphia, Pa., of small-pox, was a student nurse at St. Luke's Homeopathic Hospital, Philadelphia, Pa., and was at the time of her death within one month and twenty-three days of graduation. She was buried at Sixty-ninth Street and Woodlawn Avenue, Philadelphia, as her body could not be sent to her home in Northumberland. She was twenty-five years of age.

It is with deep regret that we announce the death of Miss Lulu M. Williams, of Tiona, Pa., a graduate of the Kane Summit Hospital, Kane, Pa., class of 1900, and later of Dr. Barclay's Therapeutic Institute, New York city, in her thirtieth year.

Miss Williams while doing private nursing in Wheeling, W. Va., was taken ill with typhoid fever and was removed to the Glendale Hospital, Wheeling. Here everything that care and skill could effect was done, but without avail. On the 22d day of February she passed away, after an illness of five weeks. Her unselfish and cheerful disposition endeared her to all who had the privilege of her acquaintance, and her loss is deeply felt by her many friends.

The devotion and loyalty to her profession, the kind generosity to all with whom she came in contact, speaks for itself of her true character in her walk through life.

*Resolved*, That the Alumni Association of Kane Summit Hospital has lost in our deceased sister one of its most loyal supporters, who was always interested in whatever was of benefit to the association, and be it further

*Resolved*, That we express to her bereaved family our heartfelt sorrow in their bereavement and that a copy of these resolutions be sent to the family of our deceased sister, spread upon the minutes of this Alumni Association, and published in THE TRAINED NURSE.

# The Editor's Letter-box

The Editor is not responsible for the views of contributors.

## Tetanus

DEAR EDITOR: In the last number of your magazine was an account of a case of tetanus. I send the report of a case I had which I hope will be of interest. Patient was a young man of twenty-six years. Injury due to small wound of the foot, which had been dressed with a bichloride dressing. Seemed well enough for the first six days; seventh day good deal of pain up through the injured leg; eighth day patient noticed soreness in the jaws and neck; ninth day increased soreness, with inability to open the mouth more than half an inch. Physician called. Condition became rapidly worse. Violent spasms now set in, some lasting only a few seconds, some for a couple of minutes. I was called on Friday, the eleventh day after the injury was received. Patient could not stand any noise; any one entering the room, or any unusual noise, would throw the patient into a convulsion. Patient unusually bright between convulsions. Appetite good, although only soft or liquid diet could be taken. Temperature ran along from 98.3-5° to 99.2-5°, only twice reaching 100.1-5°. Pulse a little subnormal. Antitoxin and carbolic solution given alternately.

Chloral given in starch enemata (high) as often and in sufficient doses to quiet spasms.

Different parts of the body were affected, the chest, diaphragm, hips and abdomen causing the most trouble. Heavy pressure seemed to relieve the pain some. Head would be quickly drawn backward with such force that patient feared a broken neck. The tongue was badly bitten at times.

These hard spasms lasted for ten days and gradually subsided, both in force and frequency. I was with this case three weeks; when I left the toe was entirely healed, convulsions had ceased, only once in a while a nervous twitching. Patient quite nervous for some time, but entirely recovered.

Alice B. Slaughter.

DEAR EDITOR: In answer to E. B.—'s letter, I will describe a case of tetanus that I was called upon to attend. The antitoxin serum was unsuccessful in this case, owing to the physician being called too late.

The patient was a brawny Scotchman, aged

about 45, a dairyman. From what I could find out, he had "galled" his heel with a loose boot, and it was so painful that he removed the boot and finished cleaning his barn in his stocking. Several days after he complained of pain in his jaws, but did nothing until he had a spasm ten days after the accident. I was called on the twelfth day, the doctor informing me that the case was hopeless; he had given injections of antitoxin with no apparent result.

The patient was then in such a condition that the slightest sound or movement would cause a spasm, hands and feet would clench and back arch. He asked for water but could not swallow. Used morphia  $\frac{1}{4}$  gr. every four hours. Pulse running from 64 to 120. Temperature (axilla) 98.8° to 103°. I gave up trying to record fever on the forenoon of the second day, because the slightest movement would throw the patient into spasms. He was in a continual sweat, but I could do nothing as he was robed in tight-fitting underclothes, and the doctor had said not to take them off. In the afternoon of the second day I had to use chloroform repeatedly for the spasms. His back arched until I could see under him, he resting on head and heels. On the morning of the third day I left the room for a few moments, the patient resting quietly, apparently asleep. I had not been out five minutes when I was called back, and found patient in a spasm, back arched and face cyanosed. Gave chloroform without effect, and he died fighting to tear his lips open for air.

This is the first case of tetanus I ever nursed, although I am familiar with it, as fifteen years ago I shot myself in the palm of my left hand. After the wound was entirely healed, my jaws became stiff, and I had slight spasms. Being only fifteen years old at the time, I do not remember the treatment, but know that no injections were used, morphia being given sublingual. In the course of time I was allowed to sit up, too soon in fact, because I had a relapse, which was much more severe than the original attack. When I became convalescent I was told that at a consultation of doctors my case was pronounced hopeless. I think I owe my recovery to the excellent physical condition that I was in at the time, as I was in training for some athletic events



to be held in an athletic club of which I was a member.

G. F. M.

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### Hours of Trial

DEAR EDITOR: "Yes," said a professional nurse, "I attended five church services to-day, but if my friends think that is over-doing things, they ought to remember how many Sundays there are in the year on which I cannot go to church at all. It is only between cases that I have any time to speak of that I can call my own, and you may be sure that then I need all I can take in at church or prayer meeting to hearten me up for such work as mine. After prayer meeting, last Wednesday evening, I went up and thanked the leader for remembering me and others of my profession in his prayer. Every week those who are being nursed are remembered at prayer meeting, but those who nurse them are not mentioned so regularly, although dear knows they need to be prayed for."

And those among the speaker's listener's who had any experience in the sickroom knew that she spoke truly.

A well-known physician addressing a graduating class of white capped young women said, in effect: "You nurses have a far harder time with your patients than we doctors have; they are usually on their good behavior during our visits to their bedsides; you who are there day and night have to bear the brunt of their peevishness and listen constantly to their groans and complainings. In dealing with only too many of her patients the nurse must put on her patience cap, and she is lucky if she does not have to keep it on till it wears all the hair off her pretty head."

"I love my patients when I see that the doctor is about to give them up," said a nurse of much experience. "When they are very ill indeed they usually behave beautifully, and it is a pleasure to nurse them. None of your slightly ailing invalids for me! I like 'em in danger. I mean as far as my own comfort is concerned. Of course, I wish them to get well, but a very sick patient is usually much less trying to a nurse than one who is so far recovered as to be cranky. I cannot sympathize with that valet who was so unhappy when his gouty master became quiet and good-tempered, knowing, as he did, that that was because the disease had left the extremities and was making its way toward the heart. When, under vigorous medical treatment, the gout returned to its old quarters, the valet welcomed the first sign of this by exclaiming: 'He 'ave

swore at me three times this morning, bless the Lord!'"

If sickness is often temporary ruin to the temper of those who have to endure it, loss of sleep and imprisonment in a sickroom are apt to have a similar effect on nurses who are not constantly striving to "keep sweet." The experienced hired nurse, before she arrays herself for work, usually has an interview with those who are to pay her wages, in which the contracting parties come to a distinct understanding as to what arrangement will be made for her personal comfort, especially stipulating how many hours she is to have for sleep. The amateur nurse, in most cases a near relative of the patient, has no time in the midst of her anxiety to think of these things, and in consequence, before she knows it, her nerves often become so unstrung that she would gladly exchange places with the sufferer on the bed. The doctor enjoined upon her that she must be cheerful, and this, if she is a reader of fiction, may set her to thinking of that good fellow in "Martin Chuzzlewit," who was on the look out for an opportunity to be "jolly under creditable circumstances," and finally found it when he undertook to nurse a seasick family in the steerage of an immigrant ship. It has often been observed that those who are the most amiable when in high health are the most trying to their nurses when racked with pain or burning with fever. However this may be, it is certain that if cheerfulness is desired in a sickroom, patience and forbearance are absolutely necessary there, and the nurse, however she may be ignored at prayer meeting, should take care to send up unceasing petitions of her own for especial grace at this time of especial need.

✻

C. M.

### An Odd Experience

DEAR EDITOR: Christmas Day was spent at home, and as I had not registered I felt free to enjoy the day and was looking forward to a night of rest. But alas for a nurse's dreams. About 11 P. M., after all the family had settled down for the night, I retired, and comfortably settled with a favorite book to enjoy a few chapters before going to sleep, congratulated myself on the pleasure and comforts of home, enjoying it to the fullest, having just come in from a hard, trying case.

Presently I heard footsteps coming up the front walk, the storm door opened and there was a fumble for the bell. My heart had been steadily receding down to my toes, and when the bell rang I hastily sprang out of bed and hurried

into my wrapper, and taking the night lamp called to my mother that I would go to the door.

Hoping against hope that it might be some one inquiring the way, I opened the door. There stood a man who said (and just then I knew my fate was sealed) "Does Miss M. live here?" "Yes." "The nurse?" "Yes." I was wanted at once for an obstetrical case. Dr. D., knowing I was at home, had sent him for me. I sent him to tell the doctor I would come as soon as possible. I telephoned for a carriage and then hurried as fast as possible into my uniform, which I covered with a long coat. By the time I was dressed the carriage was at the door, and taking my case bag I went out into the cold night. And now comes the strange part of this story and one I think that has never been experienced by any one before.

The driver held open the carriage door and, as I was stepping in, I saw on the seat facing me a little old man, with his cap pulled down over his ears and his head turned to one side. A feeling of resentment passed over me as I thought I had a right to the carriage alone, and, furthermore, did not relish the idea of riding with a stranger at that late hour. Waiting for an explanation from the driver and getting none, I spoke rather crossly and asked him to put the robe around me, and I sat very straight and still with my feet drawn in under the seat as far as possible. He wrapped a robe around me and I gave him the address and said sharply again, "I wish you to go as quickly as you can. Have you any other stop to make?" "Oh, no (cheerfully); we will go right up there." The thought went through my mind that my fellow passenger must be a poor friend of the driver, who was taking a ride inside to be out of the bitter cold, so as the carriage turned I spoke more kindly and said, "It's a very cold night." No answer and all strangely quiet. Just then the light from the next street shone into the carriage and I started with surprise to find I was all alone.

It was not a ghost, my dears, neither had the strange man (?) crawled under the seat. The solution of the mystery, which instantly flashed through my mind, was simply this: As the driver stood holding the door open for me, the dim light from the street lamp shone over his shoulder and he was reflected in the glass window in the front of the carriage. It was all as real as could be, but I laughed to myself and wondered what the driver would have thought of me, could he have known what was going on in my mind and had heard me talking to myself.

We arrived at our destination all right, and I was just in time to meet the "little stranger"—a beautiful little boy, weight only four and one-half pounds. He arrived on the last train, yet was in time to be welcomed and called "A blessed Christmas gift." L. B. M.

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#### Examination Questions

DEAR EDITOR: As I am a constant reader of *THE TRAINED NURSE*, I would like to ask to have published the answers to the questions of the Final Examinations of the Evansville Sanitarium Training School for Nurses. It is rather difficult for me to be sure of the right answers; in fact I find it very hard to remember all I learned while in training, and it is sometimes weeks before I can return to my home and consult my reference books. I suppose if I had the time to give to it, I could answer these questions, but since September I have had no time to myself, and I find it a great source of comfort to pick up *THE TRAINED NURSE* occasionally. I enjoy the reports of operative cases, and like to compare notes with the case I am with at the time, if a similar one. I was also much interested in "A Nurse's Experience in a Typhoid Case." Yours very truly,

M. L. F., Philadelphia, Pa.

DEAR EDITOR: I have been very much interested in the examination questions recently published in the magazine, but think it would be very helpful to the older nurses if you would also publish the answers, as in that way it would enable us to keep in touch with the later methods of treating both medical and surgical cases, especially surgical, and also refresh our memories about a great many things in a very simple way. Hoping that this will meet your approval. I remain, Yours very truly,

M. ROBERTSON.

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#### State Society Membership

DEAR EDITOR: I have just received a copy of the constitution and by-laws of the Massachusetts State Nurses' Association, together with a letter from a prominent officer of that association drawing my attention to the fact that they had endeavored to make their constitution and by-laws as *simple* as possible, and saying that their association was progressing most favorably with it as a guide. On reading over the clause referring to membership I note with much interest that no mention is made anywhere of *alumnæ* associations or any societies of nurses

other than the county societies which are branches of the State association.

For the New York State Nurses' Association to adopt similar by-laws concerning membership may be a radical change, but in view of the fact that the by-laws of the New York State Association were adopted in 1902, revised in 1903, and are to be revised again in 1904, it would seem that some radical change would not be out of place, also that much valuable time and energy might be saved by adopting by laws of a more permanent character.

As far as alumnae associations are concerned, I do not think that any one, least of all myself, has ever thought, much less said, that their days of usefulness are over, but I maintain that nothing can be gained and much unnecessary complication is added by their recognition in the State and County societies.

For interstate affiliation as a means of establishing reciprocity, here again an organization composed of alumnae associations is superfluous, as the natural sequence of the County and State associations will be a confederation of State associations.

B. VAN HOMRIGH STEVENSON,  
823 Park Avenue, New York city.

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#### A School of Embalming

DEAR EDITOR: Will you please tell me of a school in Chicago that teaches embalming. Yours respectfully, A KANSAS NURSE

[We would be grateful if any of our readers could furnish this information.]

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#### The Untrained Nurse

DEAR EDITOR: Will some one please suggest in THE TRAINED NURSE what steps are to be taken to prevent untrained nurses from doing private work under the assumed name of graduate. The city of Nashville, Tenn., has a great number of such nurses, who have served a few months in one of the infirmaries here. Why should that sort of condition exist? There is no difference made here in prices, \$3.00 per day seems to be the standard for a graduate or one who has no training. I wish a bill would be

made to pass here like in many other States preventing nurses who are not graduates from posing as such. This state of affairs is a great drawback to the graduate of a recognized school, of which there are few in Nashville. Please help one of your subscribers and suggest a remedy. A GRADUATE.

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#### Testimonials

DEAR EDITOR: I have taken THE TRAINED NURSE AND HOSPITAL REVIEW since 1897 and can safely say that I enjoy it more than any other reading matter. I could not do without it. It has certainly improved from year to year, for which allow me to congratulate you and extend my best wishes for future prosperity. Very sincerely yours, E. L. BLOEDEL.

DEAR EDITOR: I have read each number of your magazine, during the past year, with increasing satisfaction and enjoyment. I feel as though I have been personally benefited by it and been brought into closer touch with my sisters of the nursing profession. I am western born, trained and graduated, and nursing in a town in which I am the only trained nurse. I lack companionship, which the magazine partially supplies. I enclose \$2 for renewal of subscription.

With best wishes for the success of our magazine—which no nurse should be without. I am sincerely yours, STELLA MCCORQUODALE.

DEAR EDITOR: Enclosed find postal order for renewal of my subscription. I cannot think of doing without THE TRAINED NURSE. I prize it above all other helps in my work. Each month I eagerly look for its coming, and enjoy its contents at my earliest opportunity.

LILIAN EDITH MARTIN.

DEAR EDITOR: I want to say a word in appreciation of THE TRAINED NURSE AND HOSPITAL REVIEW. It is a great help and cheer to me, and keeps me in touch with the nursing world. I should count it a great loss not to get the magazine. Sincerely yours,

LAURA F. BERCHENBRITER.

# Book Reviews

*Obstetrics for Nurses.* By Joseph B. DeLee, M.D., Professor of Obstetrics in the Northwestern University Medical School, Chicago; Lecturer in the Nurses' Training Schools of Mercy, Wesley, Provident, Cook County, and Chicago Lying-in Hospitals. 12mo, 460 pages, fully illustrated.

There are really two subjects considered in this work—obstetrics for nurses and the actual obstetric nursing—and Dr. De Lee has combined them so that the relations of one to the other are natural and mutually helpful, presenting this important branch of medicine in a clear and interesting form. The illustrations have not been borrowed from other works, as is too frequently the case, but have been made expressly for this book. The photographs were taken by the author from actual scenes, and are true to life in every respect. The text is the outgrowth of eight years' experience in lecturing to the nurses of five different training schools. The book is divided into three parts. In the first part the anatomy and the physiology of the whole reproductive cycle is considered, a description is given of the various processes, the changes in the genitals and general system occurring during pregnancy, labor, and the puerperium.

The second part deals with the conduct or management of pregnancy, labor and the puerperium. The nurse is told how to care for a woman during each of these periods of the normal pregnancy.

The third part treats of the pathology of pregnancy, labor and the puerperium. In this part of the book are considered, from the nurse's standpoint, the complications which may disturb the normal course of the three stages of reproduction, and how the nurse may do her part in saving both patients from their baneful effects. In addition to these there are chapters on dietary, visiting nursing, hospital and home nursing. The object of the work is well stated in the preface. "It is not to be understood that the treatment recommended in this book is to take the place of the doctor's orders. The nurse should learn the practise of the physician with whom she works, and carry out this practise in his cases. The author hopes that the book will be of help to her when she is on her own responsibility, and for her general information." The book abounds with practical suggestions,

and they are given with such clearness that they cannot fail to leave their impress upon the mind of the reader. The type is new and the illustrations judiciously inserted. All questions of a theoretical nature are stated clearly, and without burden to the text-subject matter. Every nurse interested in obstetrical nursing should add this book to her working library. Cloth, \$2.50.

&

*Infant-Feeding in its Relation to Health and Disease.* A modern book on all methods of feeding. For students, practitioners, and nurses. By Louis Fischer, M.D., Visiting Physician to the Willard Parker and Riverside hospitals, of New York city; Attending Physician to the Children's Service of the New York German Poliklinik; Former Instructor in Diseases of Children at the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, etc. Third edition, thoroughly revised and largely re-written. Containing 54 illustrations, with 24 charts and tables, mostly original. Neatly bound in extra cloth. Price \$1.50, net.

This book needs no introduction to physicians and nurses. It has become a standard authority upon the many questions of infant-feeding, both in health and disease. In this edition the work has been thoroughly revised and in many parts entirely re-written. The questions of formulæ in the home-modification of milk has been given much attention, and will be found a great aid in this mode of feeding, now so much in use. Among the many changes in the book we notice a new chapter on "Buttermilk Feeding" and a chapter on "Feeding Children Affected with Cleft Palate." In the former of these the author says: "Buttermilk in its crude (raw) state is certainly antagonistic to other micro-organisms. This is due to the presence of lactic acid bacilli. Raw cow's milk possesses bactericidal properties, but buttermilk is much more bactericidal. The latter, sterilized with the aid of steam, showed virulent typhoid bacilli nine days after being inoculated with the same. *In non-sterilized buttermilk (raw state) virulent typhoid bacilli lost their virulence after two days, and when put into the brooding oven lost their virulence after twenty-four hours.* . . . An important point is that in this form of infant-feeding the large, thick, cheesy curds so commonly met with in dyspepsia

and diarrheas in feeding with cow's milk are never seen. Children thus fed seem to withstand the infectious very well. A point worth noting is that when a child is more accustomed to buttermilk feeding the change to sweet milk will cause diarrhea." Another new chapter is one entitled "Milk Idiosyncrasies in Children." In this the writer gives valuable suggestions how to meet this troublesome condition in young children. The method of feeding in diphtheria cases is described at some length in a chapter which has been rewritten. The question of laboratory modification of milk is treated in great detail, and much of what has been previously written on this subject has been omitted or rewritten. A chapter has been added on "Scurvy" and the dietary for older children has been enlarged. The book will be found fully sufficient and satisfactory for the use of those looking for practical instruction in the research of modern methods in breast and bottle feeding.

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*Food and Cookery for the Sick and Convalescent.* By Fannie Merritt Farmer. This work, of exceptional interest and importance, is by the author of the Boston Cooking School Cook Book. It is designed to meet the needs of the trained nurse, the mother, or of any one having care of the sick. The work is the result of years of study along the lines of food and feeding, and contains much scientific knowledge simply given.

The opening chapters are invaluable to those whose duty it is to care for the sick, and of equal importance to those who see in correct feeding the way of preventing much of the illness about us. The chapter on Infant Feeding is an authoritative guide to aid in the development of the baby, and child feeding is considered with like care.

The hundreds of recipes, many of which have their caloric value given, are for the most part individual, thus requiring but a minimum of time for their preparation. Suggestions as to diet in various diseases have not been overlooked. Fifty full-page half-tone illustrations add to the utility and beauty of the book. 12mo. Cloth. \$1.50, net. Postage 12 cents.

✧

*Consumption: Its Nature, Cause, Prevention and Cure.* By Dr. Sicard De Plauzoles. Translated from the French by Bertram H. Hull. 16mo. Pages xvi, 183, 50 cents net.

This little volume is from the pen of one of the most eminent of French medical men and scientists, who has made consumption his profound

study. It has been translated and issued in this cheap form in the belief that it will thus find a large market in this country, where consumption is such a terrible scourge. It is given as a plain, unvarnished story of what consumption is, how it is acquired, and how to grapple with it, particularly in its initial stages. We know to-day what tuberculosis is, we know how the tuberculous may overcome the disease and recover, and we know what means have to be employed to secure recovery. We know more than this. We know the development of the disease may be prevented, and by what means a healthy man may be safeguarded from its attack. Every one should have this knowledge. In no other way can the fight against this disease be effectual. The author considers the question from three points of view, viz.: The nature of consumption, the causes of consumption, and the prevention and cure of consumption. The conclusions drawn from the consideration of this question are summed up thus: It is the most terrible of human diseases; it is a formidable contagious disease; the active cause is a microbe, Koch's bacillus; contagion is most often effected by the expectoration of tuberculous persons, and by milk and meat from tuberculous animals; it is possible to prevent tuberculosis; it is possible to cure it by hygienic treatment, consisting chiefly in rest, life in the open air, and abundant food; to recover needs determination, perseverance, and absolute submission to the rules and discipline prescribed by the doctor; sanatoria must be multiplied, especially for the poor and working classes; the crux of the question, from a social point of view, is prevention. There are some 21 illustrations interspersed throughout the book. We consider this volume a fair presentation of this important question and remarkably free from the phthisisphobia doctrine promulgated by so many writers on this subject.

✧

*Howe's Handbook of Parliamentary Usage.* By Frank William Howe. Arranged for the instant use of Legislative and Mass Meetings, Clubs, Fraternal Orders, Teachers, Students, Workingmen, and all who desire to conduct "decently and in order" in public assemblies.

The unique feature of this new handbook is an ingenious visual arrangement of the whole subject-matter of practical parliamentary law in such order that when the book is opened in the middle, the chairman, the speaker, the member who next has the floor, or any one else, has before his eyes a complete summary of every rule

needed in the conduct of any business meeting. With the book opened in the middle, every leaf (from the top downward) is trimmed shorter than the next leaf, so that the titles (motions) on twenty-six pages are visible at one glance. Each of these pages is instantly reached by simply lifting the title with the index finger of either hand. This brings to view all the rules, exceptions, and quotations bearing on the particular motion under consideration. The surprising practicality of this arrangement and of the system of cross-reference used can be fully appreciated only by actual inspection of the book itself. Price, 50 cents.

✧

*The Gazette Pocket Speller and Definer—English and Medical.* This little vest-pocket book is designed as a speller, and for this reason the definitions are as brief as possible. In the English section self-evident definitions have been omitted. Where the same definition applies to noun, adverb, verb or adjective one definition serves the purpose. In verbs with a final *e* the *e* is printed in light-faced type when it is to be dropped before adding the suffix *ed* or *ing*. In the Medical section the terms are all well-defined, and the spelling adopted is that of common usage. The book will be found a most useful companion. Price, 50 cents.

✧

*The Self Cure of Consumption Without Medicine*, with a chapter on the prevention of consumption and other diseases. By Charles H. Stanley Davis, M.D., Ph.D.; Member of the Connecticut State Medical Society; Physician to the Curtis Home for Old Ladies and Children.

The author believes that consumption can be stamped out, as has typhus fever, Asiatic cholera, yellow fever and smallpox. He says there is no reason why any person, not advanced beyond the second stage, should die of the disease. In this book of about 175 pages he shows how the disease, from its first beginnings to its last stages, before actual decay of the

lung takes place, can be cured in at least 95 per cent. of the cases, and this without the use of medicine. Outdoor, dietetic, hygienic, and climatic methods, and the treatment in sanatoria are the methods advocated. The author's arguments in favor of these means for arresting and curing consumption are logical and well substantiated by statistics. In some parts of the volume we think the writer is at variance with many accepted authorities. For instance, on page 35 he condemns the use of the tuberculin-test, and says: "There is a practical agreement that its use is unjustifiable." Cod liver oil, its emulsions, and the hypophosphites are given little or no weight as agents in promoting a cure, yet on page 62 we read: "The most successful modes of treatment in the past have been those that aimed to improve in every way the general health of the system." That the fats and all the line of preparations combining fats in a ready assimilated form do this for the individual has been abundantly demonstrated. The chapter on change of climate has much practical value, and should be thoroughly understood by all undertaking to give advice to patients concerning this subject. The book is well written and will well repay the reading. It is to the spreading of knowledge such as this volume presents that the greatest amount of good will result in combating this disease. Price, 75 cents.

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*We beg to acknowledge with thanks the following:*

The Tuberculosis Exposition number of the *Maryland Medical Journal*.

The Annual Announcement of Riverside Hospital, Buffalo, N. Y.

The Seventy-fifth Annual Report of the Philadelphia Lying-in Charity and Nurse Training School.

"The Great Value of Drainage and Ice in the Early Stages of Mastoiditis," by Sargent F. Snow, M.D. Syracuse, N. Y. Reprinted from *The Journal of the American Medical Association*.



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# The Hospital Review

**There is a movement** to locate the Ohio sanitarium for tuberculosis sufferers at Little Mountain, Lake County. It has been learned that a hotel there, large enough to accommodate 350 patients, can be purchased for less than \$100,000. It is situated on the summit of the elevation, 750 feet above Lake Erie, which is only eight miles distant. Experts claim that the location is an ideal one.

~

**The Platt pavilion** of the New York Eye and Ear Infirmary, in which have been treated patients suffering from the most dangerous contagious disease which affects the eye, closed its doors March 1st for lack of funds for running expenses. The building will be closed until a sufficient sum can be raised to pay the yearly cost of maintenance. This amounts to about \$7,000 a year.

Although the plight of the hospital, which is one of the oldest and best known institutions of its kind in the country, was made known some time ago, little of the amount needed to keep the Platt pavilion and even other departments going has been raised. It was said recently that unless from \$20,000 to \$25,000 is forthcoming from some quarter by May 1 all the indoor departments, including that for the treatment of ear diseases, except five or six beds in the Du Bois pavilion, will have to be closed on that day, the hospital devoting what little income it has to the expense of carrying on the dispensary, where 50,000 patients were treated last year.

~

**The Orthopedic Dispensary and Hospital**, No. 126 East Fifty-ninth Street, New York city, must receive more general and generous support from the public, or its work will have to be curtailed. Seventeen thousand dollars is needed at once to clear up the debts of the last few years. With copies of the 1904 year book of the Orthopedic Hospital an appeal for help has been sent out.

In his address the president, O. Egerton Schmidt, at the anniversary exercises on January 25 last, said that, owing to the low rate of interest, the amounts invested for endowed beds in perpetuity did not yield as large an income as formerly, and the recent amendment to the statute imposes a tax of 5 per cent. on legacies to hospitals. Hence, a legacy of \$5,000 to endow a bed in per-

petuity, barely sufficient to do so, was taxed \$250, leaving the hospital only \$4,750 to represent the \$5,000.

~

**The hospital board** of control of North Adams, Mass., is investigating the question of securing additional room. The chief need is for larger accommodations for men, and it is proposed if possible, to separate the men's surgical and medical wards. A committee of the board is securing plans and estimates. If built, the addition will be to the west end of the building, and will accommodate about a dozen more patients.

~

**Only \$83,000** of the \$100,000 needed for the rebuilding of the Convalescent Home at Wellesley Hills, Mass., of the Children's Hospital has been subscribed. The managers now ask for further donations, and it is to be hoped they will be forthcoming without delay. They may be sent to the treasurer, Mrs. H. G. Curtis, 179 Marlboro Street.

~

**Willimantic, Conn.**, will be confronted with the proposition as to whether or not it will have a hospital as soon as spring opens. The Legislature of 1901 granted a charter for a hospital to be located in this city and later the incorporators named in the charter met and organized. The problem which has confronted the incorporators is to get the necessary money with which to start the enterprise. No one seemed willing to come to the front with an endowment, and there seemed nothing left but for the people who will be benefited, and who should be interested in the project, to contribute a sufficient sum to start the hospital in a modest way. There is hardly a city in the State, and positively none of the size of Willimantic, where a hospital would be a greater convenience or accommodate more people.

~

**The West Jersey Homeopathic Dispensary and Hospital Association** of Camden has acquired an adjoining lot of ground on Stevens Street, 137 feet west of Fifth Street. This gives the association a total frontage on Stevens Street of 90 feet and a depth on West Street of 100 feet, and ultimately the association will enlarge its present building.



THE DAINTIEST SOAP MADE is HAND SAPOLIO for toilet and bath. Other soaps chemically dissolve the dirt—HAND SAPOLIO removes it. It contains no animal fats, but is made from the most healthful of the vegetable oils. It opens the pores, liberates their activities, but works no chemical change in those delicate juices that go to make up the charm and bloom of a perfect complexion. Test it yourself.

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THE FAME OF SAPOLIO has reached far and wide. Everywhere in millions of homes there is a regard for it which cannot be shaken. Sapolio has done much for your home, but now for yourself—have you ever tried HAND SAPOLIO, for toilet and bath? It is related to Sapolio only because it is made by the same company, but it is delicate, smooth, dainty, soothing, and healing to the most tender skin. It pleases everyone.

ITS USE IS A FINE HABIT—ITS COST BUT A TRIFLE



THE BERMUDA ISLANDS

**Cottage Hospital**, Hamilton, Bermuda, is situated well up on Prospect Hill, overlooking Hamilton Harbor. It is the only hospital in Bermuda, with the exception of the Military and Marine Hospital at the Navy Yard. It is self-supporting except for the voluntary contributions of the citizens of Bermuda. There are two wards of four or five beds each, besides some private wards; these are all on the ground floor and are bright and airy. Connected with the

main building by covered corridor is a very fine well equipped operating room with all modern improvements.

Miss Lockwood, matron, only a short time out from England, with a trained nurse for assistant and two pupil nurses in training, comprise the nursing staff. Everything is bright and cheerful, for Bermuda is a land of flowers and they are everywhere in evidence around the hospital.



THE ONLY CIVIL HOSPITAL ON THE ISLANDS

## GASTRIC "GONENESS"

or that indescribable sensation of empty vacuity so frequently complained of by the chronic dyspeptic, is usually prevented or relieved by the regular use of

### Lactopeptine Tablets

after meals. Physicians who may desire to submit these palatable pineapple flavored tablets to careful trial may obtain a liberal sample by addressing

The N. Y. Pharmacal Co.  
Yonkers, N. Y.

DOSE : 2 to 4

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## Antikamnia Tablets

### A POSITIVE RELIEF

For Headaches, Neuralgias, Women's Ills and For All Nerve Pain  
No Matter Where.

### "Antikamnia Tablets"

ADULT DOSE: Two Tablets Every Three Hours

For Tickling Coughs, Hacking Coughs, Night Coughs, Consumptives' Coughs, Deepseated or Otherwise, and for Severe Pains, Particularly Ovarian and Pelvic

### "Antikamnia & Codeine Tablets"

ADULT DOSE:  
One or Two Tablets Every Three Hours

Samples and Literature on Application

THE ANTIKAMNIA CHEMICAL COMPANY  
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The report of the Ross Memorial Hospital, Lindsay, Ont., shows that there were admitted during the ten months since its opening, 148 patients, of whom 130 were discharged and 5 died, leaving 13 in the hospital September 30, 1903.

The collective days' stay of adult patients was 3,451, showing the average days' stay of patients to be 23 days per patient. Taking the number of days' stay of patients, viz., 3,451, and the total cost for maintenance, \$5,044.60, it will be observed that the average cost per day was \$1.46. It was inevitable that the average cost in the first year would be above the normal, nevertheless, while the cost was high, it was below the figure shown in the last departmental report as the average cost per day in several hospitals which have been established for a number of years.

Repeating the number of days' stay, 3,451, it is interesting to notice that free patients were maintained for 357 days; patients who were chargeable with 40 cents per day, for 1,772 days; patients who were chargeable with \$1.00 per day, for 1,057 days; and patients who were chargeable with \$2.00 per day for 265 days.

It was deemed advisable that the lady superintendent should be engaged and be present in the building during the installation of the equipment. Consequent upon this decision, Miss Scott took charge three months prior to the opening of the hospital, the salary for that period being paid by Mr. Ross. The lady superintendent's presence on the premises, her accurate knowledge of the requirements and the close attention given by her to every detail, contributed in a large degree to the perfection of equipment which it was the earnest desire of the donor should be attained. The pronounced success that has marked the internal management of the institution during the initial and especially trying period of the work reflects distinctive credit upon the lady superintendent.

Besides the lady superintendent the staff consists of a head nurse, who is fully qualified, and four nurses in training, all of whom are rendering excellent service.

By the gifts of \$185,242.50 on the part of friends of the Buffalo General Hospital, that institution is relieved from an embarrassing encumbrance of debt and has the means of nearly paying for the new Nurses' Home on Goodrich Street, besides being in a position to add other much needed improvements.

The announcement is made in the annual report of S. M. Clement, president of the board of trustees and president of the Marine National Bank, which has just been published. That report shows that whereas the past year, the forty-fifth in the history of the institution, showed that the hospital began with a deficit, which had been accumulating for the past seven years, of \$28,797.81 on account of current expenses; a mortgage of \$50,000, part of which had been standing on the property since 1869, and notes payable to banks amounting to \$59,000, it ended with these debts all paid, with improvements made upon the building and grounds for which there was paid \$14,674.99, and with additional subscriptions that will nearly pay the cost of the new Nurses' Home, for which contracts were let in November.

The home, which is in process of construction, will furnish capacity for sixty-six nurses in individual rooms, and will have an assembly room, gymnasium, library, lecture room, and reception room, affording every facility for hygienic living, for recreation and for study. The building stands adjoining the old home and occupies the site of the old Scovell cottage and the two tenement houses adjoining on Goodrich Street. This property has been owned by the hospital for some years, and was purchased in anticipation of some future need.

•

The Insane Asylum, Racine, Wis., was burned on the night of February 19; many of the patients were rescued with difficulty. The loss aggregates \$115,000 with insurance of \$35,000. Only the laundry, stables and pump house were saved. The fire started in the attic and was caused by a defective flue. Many of the patients were thinly clad and suffered much from the severe cold. The fire was fought for nearly an hour before an alarm was sent to the city. By that time the flames were beyond control. Meanwhile the keeper and attendants fought heroically in rescuing the inmates, many of whom were frantic and wanted to plunge back into the flames. The institution will be rebuilt, the patients in the meantime being taken care of by other asylums in the State.

•

Plans have been completed for the erection of a \$100,000 hospital for the Northern Pacific Beneficial Association at Tacoma. It will be located on the site chosen by President Howard Elliott on the occasion of his western trip last November. The building, which will front upon

# MELLIN'S FOOD

This picture was taken after a two months' diet of Mellin's Food. Weight, 16 lbs. Two months previous little Adelaide only weighed 7  $\frac{1}{4}$  lbs., the same as at birth. Then Mellin's Food was tried, which resulted in a gain of nearly 9 lbs. in weight in two months.



ADELAIDE LOUISE REYNOLDS  
Fremont, Ohio.

Write to-day for a free sample of Mellin's Food.

MELLIN'S FOOD COMPANY, BOSTON, MASS.

the bay, will be built of brick, and will be three stories in height. The plans, which were prepared by Reed & Stem, of St. Paul, architects of the Northern Pacific, were approved by the medical staff of the Northern Pacific Beneficial Association.

The building will be thoroughly modern in appointment, and will be located in one of the prettiest parts of Tacoma. It will command a view of the bay and city, the Olympic Mountains and the Cascade Range. Work will be begun soon, and it is expected that the building will be ready for occupancy before the close of the year.

~

**Plans for improvements to the City Hospital, Indianapolis, Ind.,** involving an expenditure of between \$15,000 and \$20,000, prepared by Daggett & Co., architects, have been approved and adopted by the City Board of Health. It only remains for the project to be approved by the Council and for funds to be provided.

~

**Members of the Women's Homeopathic Hospital Association, Syracuse, N. Y.,** met at the new hospital building at Castle and South State Streets, March 4, for inspection of the building.

The event was not a formal opening, however, for the work on the ground floor, though well under way, will not be completed for a few weeks.

On this floor the reception room, offices, wards, dining rooms and kitchen have been entirely remodeled.

The hospital will have twenty-two beds and seven private rooms, with the usual force of graduate nurses, assisted by the students in the nurses' school.

The property is a gift of the late John Lyman, and the repairing and improvements will be paid from funds given by Benjamin Tousey.

~

**Carpenters have** begun the construction of a cottage on the lawn at Bellevue Hospital, New York, to be used as quarters for incipient cases of tuberculosis. The cottage will be connected with the out-patient department of the hospital, and all cases treated will come from that source.

The cottage will contain twelve beds, designed to be occupied four or five days at a time by tuberculous patients with a high temperature. It will be ready for occupancy in two weeks. If the demand for such treatment exceeds the capacity of one cottage, more will be built immediately.

~

**The doors of the new Mount Sinai Hospital,**

New York city, were opened to the public March 15. The structure occupies the entire square bounded by Fifth Avenue, Madison Avenue, 100th and 101st Streets, and cost \$3,000,000. It is said to be the most perfectly equipped hospital of its size in the world.

Every modern scientific appliance has been installed, and from basement to the roof garden for convalescents everything is designed to make the place cheerful and healthful. Even the air in the building is filtered and rendered absolutely pure by a patent process.

The interior is constructed chiefly of marble and the best of hard woods, and there is not a corner or angle in any of the pavilions where a particle of dust can collect. It is really a group of ten hospitals under one roof, there being that many different pavilions, each complete in itself.

The construction of the building is such that every room above the basement has an abundance of light, and most of the wards get the sun during the entire day. On the second floor is the synagogue, with a seating capacity of 200. The operating rooms, with solid white marble walls, are said to be the finest in the world.

One pavilion is entirely for private patients and has suites of rooms more attractive than can be found in many of the best hotels. The children's pavilion is one of the most attractive parts of the institution. Its west windows look out over Central Park, and the main ward is fitted with every conceivable thing for the comfort and amusement of the unfortunate little ones. This pavilion is dedicated by Henry L. Einstein to the memory of his son Lewis.

Pleasant reception rooms are found in each pavilion, with libraries and office rooms on nearly every floor. Everything that could be required in the conduct of a modern hospital is there, even to a complete photographic department for the use of the physicians and surgeons. Every drop of water in the building is filtered by a special process, and there is also an ice plant in the basement where absolutely pure ice is made.

~

**The State Commission in Lunacy of New York** in its annual report to the Legislature emphasizes the necessity of beginning work at the earliest possible moment upon the proposed new colony for the insane in Northern New York. The impending transfer to Kings County of the buildings now accommodating 1,200 insane is referred to and the commission says accommodations will be needed for these as well as the

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by Carbonated Saline Baths is given with the Triton Effervescent Bath Salts. Results identical with those obtainable at Nauheim are produced. This method of treatment is indispensable in many forms of **Cardiac Disease**, and is of the greatest value in **Rheumatism**, **Neurasthenia**, and wherever a disordered circulation plays a part.

Among many to whom we have permission to refer are: Dr. Simon Baruch and Dr. Wm. H. Thomson of New York; Dr. R. H. Babcock and Dr. Clarke Gopen of Chicago; Dr. Alfred Abrams of San Francisco.

We shall be glad to send our manual on request.

**The Triton Co.,**  
Saratoga Springs, N. Y.

J. C. MINOR, Jr., Manager



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OF A  
HOUSE

WHEN a man builds a house he takes care to first prepare a firm foundation.

When a physician begins the treatment of an anæmic or chlorotic patient, he must first consider the "building of the blood," the fountain and foundation of healthy life.

**Pepto-Mangan ("Gude")**

Supplies the necessary oxygen and haemoglobin-carrying elements and thus successfully builds from the foundation upwards in cases of

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BRIGHT'S DISEASE, CHOREA, Etc.**

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LABORATORY:  
LEIPZIG,  
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Sole Agents for United States and Canada,

NEW YORK.

3,800 additional patients who will require housing by the time the new colony is made ready.

The total cost of maintaining the 24,187 insane in the State hospitals during the past year was \$4,104,689 and the average weekly per capita cost was \$3.32, an increase of twenty cents per week over the preceding year, or a gross addition to the maintenance fund of \$382,342. In addition the commission expended \$632,000 for new buildings and extraordinary improvements. Five thousand new cases of insanity developed during the year, or 434 more than during the previous year. There were 1,263 recoveries and 1,100 were also sufficiently improved by treatment to enable them to return to their homes. The percentage of recoveries was 24.72 as against 24.60 the preceding year. The total number of insane in all institutions was 25,934.

There were 147 alien lunatics returned to Europe and in addition 104 non-resident insane were sent out of the State during the year. This is the largest number removed in any one year.

The commission refers to the constant increase in the number of old and demented cases in the State hospitals and suggests as a possible relief to existing conditions the boarding out system of the insane in private families, now so successfully practised in the State of Massachusetts.



**Some interesting facts** regarding the work of the Philadelphia (Pa.) Free Hospital for Poor Consumptives were set forth at the annual meeting of the Board of Management, March 14. President Flick presided and stated that the hospital had suffered considerably during the past year from an erroneous impression current among many previous supporters that Henry Phipps, the founder of the Phipps Institute, had endowed the hospital to the amount of \$11,000. So serious had the consequent falling off in subscriptions become that the work in this city had been crippled to the extent of \$12,000. Thirty beds formerly supported in this way had been necessarily dispensed with. There is a constant waiting list of 300 patients, said Dr. Flick, and only one out of every ten of these can be accommodated at the hospital.

Dr. Flick, in speaking of the danger of discharged patients suffering a relapse of the disease when compelled to return to their former unhealthy surroundings and changed diet, suggested that a convalescent farm be established,

where discharged patients might be given employment and where, by not being forced to immediately undertake arduous labor, they might gradually fit themselves for active life. Dr. Flick also recommended the establishment of a probationary station, where patients showing the early symptoms of the disease might be isolated and speedily cured before hospital treatment should become necessary. Dr. Flick stated that he contemplated the organization of Women's Auxiliaries.



**The Regents** of the State Hospital for the Insane, Columbia, S. C., have decided to go ahead at once with the erection of a new building for women patients. As a tribute to a former superintendent, who was among the foremost men of his profession, this will be known as the "Talley Building," in honor of the late Dr. A. N. Talley, to whose memory the women of Columbia have already erected a monument in Elmwood Cemetery.

The Regents have on hand \$15,000 with which to commence the construction of this building and the work will be done as in the case of the Taylor building, recently restored. Under the economical administration of Dr. Babcock everything is turned to account, and buildings are erected, not by direct appropriation alone, but by the use of the labor of such of the inmates as are able to give assistance.



**"The Palmer Memorial Hospital"** will be the name of a great hospital to be erected in New Orleans to commemorate the life and public services of the late Rev. Dr. B. M. Palmer. All other efforts to provide a suitable Palmer memorial in New Orleans will be merged into this. The cost of the hospital, it is expected, will be \$100,000.



**A night dispensary** service for shop girls has just been started by the trustees and medical staff of the New York Polyclinic Medical School and Hospital, at 214 East Thirty-fourth Street.

It is well known to the trustees and the medical staff of the Polyclinic Hospital that many shop girls find it difficult, both because of their slender means and also because of their long hours, to undergo treatment for ailments which, though trivial at the start, are in many cases progressive, and finally lead to a total breakdown.



# ANTIPHLOGISTINE

## FOR PNEUMONIA



SHOWING THE METHOD OF APPLYING ANTIPHLOGISTINE TO THE THORACIC WALLS—FRONT, BACK AND SIDES—FOR DOUBLE PNEUMONIA.

The Nurse should note carefully the following directions:

Always heat Antiphlogistine in the original container by placing in hot water. Needless exposure to the air or water impairs its usefulness.

Prepare the patient in a warm room. Lay him on his side and spread Antiphlogistine thick and hot as can be borne over one half the thoracic walls. Cover immediately with a cotton-lined cheesecloth jacket, previously made and warmed. Roll patient over on dressed side and complete the application. Stitch front of jacket to obtain the desired pressure (splinting).

Dressings should be made as rapidly as possible.

Antiphlogistine stimulates the cutaneous reflexes, causing a dilation of the superficial and coincident contraction of the deep blood-vessels. Through this action and affinity for moisture, it flushes the superficial capillaries — bleeds but saves the blood.



SHOWING ANTIPHLOGISTINE AND COTTON JACKET COMPLETE AS INDICATED IN DOUBLE PNEUMONIA.



IN FROM TWELVE TO THIRTY-SIX HOURS IT WILL PEEL OFF NICELY LEAVING THE SKIN COMPARATIVELY CLEAN.

The circulation is thus favorably affected, congestion and pain relieved, the pulse improves, temperature declines, the muscular and vascular systems relax and rest and sleep usually follow.

Never fail to secure full and original packages—Small, Medium, Large or Hospital Size.

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**DENVER CHEMICAL  
MFG. CO.**

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## Nursing World Continued

(Too late for proper classification)

### Orange Training School A. A.

The Alumnae Association of the Orange Training School for Nurses held its third annual meeting Wednesday, March 16. The hostesses were Miss Druge and the nurses occupying her house at 449 Main Street.

All the regular officers were in attendance and a goodly number of members were present. The afternoon was a pleasant sunshiny one, and so added to the pleasure of the meeting.

A letter was read from the Anti-Tuberculosis Committee recently organized in the Oranges. In it the committee asked the Alumnae Association to send one of its members to meet with them for the purpose of discussing ways and providing means for helping and instructing patients having tuberculosis in an insipient stage. Mrs. Walter Dodge was elected to meet with the committee.

A letter from Miss Margaret Pierson, president of the Orange Training School, and bearing on the same subject, was also read. In the letter Miss Pierson explained that among other aims of the Anti-Tuberculosis Committee, was a hope to have a graduate nurse who would go from house to house of tuberculous patients and render assistance in the form of guidance and instruction.

The plan, as yet in a formative state, is something like the following: A patient having been previously seen by a physician connected with the Anti-Tuberculosis Committee and advised as to the proper line of treatment, exercise, food, etc., the nurse then follows up the case with a view of helping the patient and family to help themselves. She will encourage persistency and faithfulness in following the prescribed line of treatment, constantly reiterating, if need be, the necessity of an outdoor life. She will impress upon the family that while the disease is highly infectious if dealt with carelessly, nevertheless its spread can be, and must be, avoided by the patient and those caring for him exercising a proper care for the disposal of the excreta.

The other business before the Alumnae Association was the election of two delegates to the Convention of the Associated Alumni, to be held at Philadelphia in May. Miss Janette Houlden, first vice-president of the Orange Alumnae, and Miss Martha Clark were nominated and elected.

A discussion followed as to whether a delegate from the Orange Alumnae Association would be eligible at the International Council of Women, to be held at Berlin. As some of the Orange nurses are planning to attend the Berlin Convention it was decided to nominate one from among those who are going and provide a very small amount toward her traveling expenses. Mrs. De Arcy Stephens was elected to represent the association, should a delegate be eligible.

Following the business meeting Dr. F. C. Bunn gave an interesting and instructive talk on, and demonstration of, the X-ray.

After the lecture refreshments were passed and a pleasant social time ensued.

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### Married

Miss Effa Fahringer, a Cooper Hospital graduate of class 1901 and former secretary of the N. J. State Nurses Association, was married, January 16, 1904, to Mr. Wilburn Norris Dennison, of Camden, N. J. They will take up their permanent residence at Merchantville, N. J., in the early summer.

~

### Personal

Mrs. Elsie C. Parkinson, M. S. N., of Camden, N. J., will resign nursing for the present and take a much needed rest for the summer, at her former home, Moraltan, New York.

Miss Susan B. Marshall, a graduate of the Training School of the Episcopal Hospital, Philadelphia, Pa., has been appointed superintendent of nurses, City Hospital, Charleston, S. C.

Miss Louise Clark, supervising nurse of the Wilmington (N. C.) Hospital, has been appointed head nurse at Mercer Hospital, Trenton, N. J.

Miss May Montgomery, class 1902 of Kingston Hospital, and night superintendent of Delaware Hospital, Wilmington, has been appointed assistant superintendent of Kingston Hospital, Canada.

# The "Allenburys" Foods

**T**HE secret of the great success attending the use of the "Allenburys" Infants' Foods lies in the easy adaptability of the "series" to the developing digestive tract.

"No. 1" of the series, which is intended for use during the first three months of life, approximates very closely in chemical composition to the milk of a healthy mother and has been found as easy of assimilation.

"No. 2" is similar to "No. 1" but contains in addition certain quantities of maltose, dextrin, and soluble phosphates, to supply the growing demands of the infant. This is designed for use from the third to the end of the fifth month.

In order to meet the still further requirements of the child after this period the "No. 3" Food is provided.

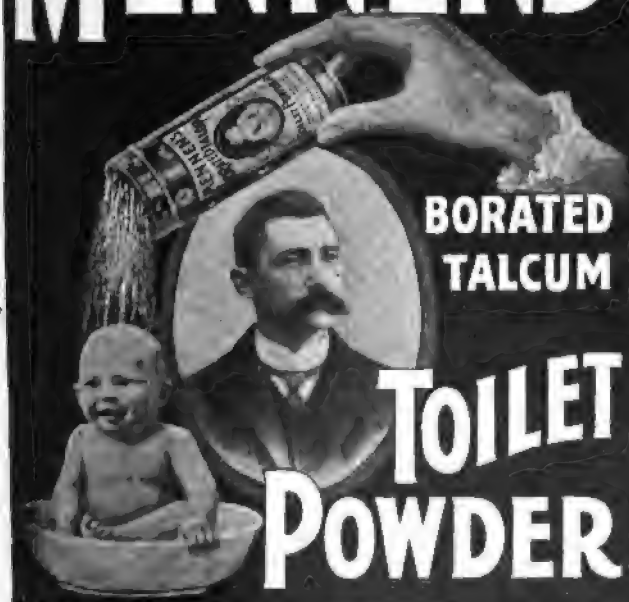
The series is so arranged that each Food affords the maximum amount of nourishment which the organs of the child, at the period for which it is intended, can with perfect ease digest, and we are constantly receiving evidence of the great value of our system of infant feeding through letters, not only from parents but from prominent members of the medical profession also, telling us of the gratifying results attending their use even in cases apparently hopeless and after many other artificial foods and modified milk had been tried.

*SAMPLES SENT ON REQUEST*

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HYGIENIC WOOD WOOL Co.,  
38 Pearl Street, New York.

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Catalogue sent by The Hartford Bedstead Company, P. O. Box 363, Hartford, Conn.

## Pancrobilin

Constipation, always a lurking danger, is all the more prominent at this season of the year when the more or less confinement of the winter months has added to the sluggishness of the bowels.

To the constipation, with the backing up of the ptomaines and toxins in the system, may be traced various symptoms, on account of which the laity at this time popularly suppose that they need a spring tonic. What they really need in most cases is the proper cleansing of the intestinal tract. Many drugs or combinations of drugs have been used to give the laxative or cathartic effect, but all are more or less harmful in cases of habitual constipation.

In Pancrobilin, which contains  $\frac{1}{4}$  grain of ox bile and  $\frac{1}{4}$  grain of enzymes of the pancreas, we have an ideal remedy in the shape of a pill for

all cases of habitual constipation. Pancrobilin is so prepared that it is not affected by the digestion of the stomach and acts only in the intestines, where it not only aids in the digestion of the food, but stimulates the villi to absorption and also stimulates peristalsis.

Habitual constipation in children can be overcome by taking 5 or 10 drops of the liquid Pancrobilin, once or twice a day.


## Passiflora Incarnata

Wherever a nerve calnative is required, Conct. Tinct. Passiflora Incarnata may be used with most satisfactory results. For students and brain-workers of every class who suffer with mental strain or nervous exhaustion, Passiflora produces immediate relief. On the tired ganglia it exerts a soothing, hypnotic influence, giving to the patient natural relaxation and infusing the nerves with vigor and increasing strength. During the convalescent stage of those afflicted with hysteria and similar diseases; in the case of women who are extremely nervous, and especially during the menopause, and in nervous indigestion and headache Passiflora acts promptly and positively.

Uterine trouble, causing insomnia, yields invariably to the quieting and curative powers of Passiflora.

## The Cough Following La Grippe

Dr. John McCarty, Louisville Medical College, in giving his personal experience with this condition, writes as follows: "Ten years ago I had la grippe severely, and every winter since my cough has been almost intolerable. During January, 1902, I began taking Antikamnia and Codeine Tablets for my cough, which had distressed me all winter, and as they gave me prompt relief, I have since taken them with continued good results. Last fall I again ordered a supply of Antikamnia and Codeine Tablets and I have taken them regularly all winter and have coughed but very little. I have taken one tablet every three or four hours and one on retiring. They not only stop the



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Silent Tread Heels



**A RECIPE  
FOR  
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These heel cushions of new rubber make any shoe a hospital shoe, and the nurse is always prepared for the street, which is more than can be said of an elk soled shoe in a rainy day. It will also outwear the shoe.

O'Sullivan's is the only rubber heel that will do this, because substitutes are not new rubber, although some dealers expect you to pay the same price and give them more profit.

35c. a pair. Dealers will attach them to the shoes you are now wearing for a trifle extra. If dealer fails, then —

**O'SULLIVAN RUBBER COMPANY, LOWELL, MASS.**

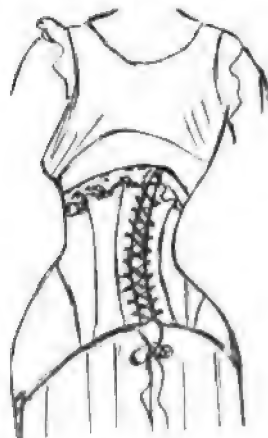


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A safety both for the mother and child; a  
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ous testimonials. *Correspondence Solicited  
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cough, but make expectoration easy and satisfactory."



#### Septicemia Developed

"Recently I was called to attend a young man who was suffering from boils on his toes. He had let them run for over a week before seeking assistance, and from wearing cheap black socks the sores had become poisoned and developed septicemia. I administered the usual internal remedies and applied a local dressing of Unguentine. The patient slept well all that night, being the first rest obtained for five nights. He informed me that the pain, which before had been so excessive as to prevent rest, had ceased within an hour from the time Unguentine was applied. Unguentine was the only dressing used on the sores and inside of a week the patient was able to be around the house. But for Unguentine all the internal treatment would have been useless. I know of no other dressing that can equal it."—J. C. G. WADDING, M.D.



#### Listerine

Has been very improperly classed along with such commercial "disinfectants" as Labarraque's solution, bromo-chloralum, Platt's chlorides, and similar *germicides* usually relied upon for the *disinfection* of sewers, water-closets, and other receptacles of filth. According to the scientific definition the term "*disinfection*"—*i.e.*, the destruction of disease germs—Listerine was never designed as a *germicide*, but it claims to be what clinical experience has proven to be true—an essential and trustworthy *antiseptic* for internal and external use about the human body. To counteract the intestinal putrefactive processes in diarrhea it is especially to be recommended.—*Practice.*



#### Sulpho-Naphthol as a Poultice

Perhaps one of the first and best known uses of Sulpho-Naphthol is for poultices. It is more convenient and much more pleasant to handle than flaxseed, and is at the same time a reliable antiseptic. In many of the larger hospitals in America and abroad it has entirely supplanted the flaxseed poultice. If the solution is used strong enough it will act better than a mustard poultice. For an ordinary soothing poultice use gauze, or cloth, soaked in a hot solution of Sulpho-Naphthol, strength of one teaspoonful to a quart of hot water. If the drawing effect is desired make the solution just twice as strong.

*Note:*—Have the gauze or cloth quite thick,

one half inch at least, and cover well with oiled silk or oiled paper so that the heat may be retained.



#### Puerperal Sepsis

J. Clifton Edgar, M.D., recently said: "Endometritis was the most common lesion in cases of puerperal sepsis and named two principal varieties, septic and putrid. He showed that frequently the process started from a vaginitis. With regard to prophylaxis, the speaker urged the necessity of great personal cleanliness on the part of both physician and nurse, with special precaution on the limitation of internal examination. With proper asepsis before, during and after parturition the danger of Endometritis is minimized." In this connection we would mention the value of Glyco-Thymoline for irrigation purposes in these cases. This preparation, while strongly antiseptic, is non-toxic and non-irritating, and its action is to deplete inflammatory engorgements by rapid exosmosis, drawing outwardly through the capillaries the products of inflammation. This action checks reabsorption of ptomaines and produces a degree of asepsis that is unsuitable for further propagation of pathogenic bacteria.



#### Genito-Urinary Tonic

W. B. Buckley, M.D., National Home, Milwaukee County, Wis., late Assistant Surgeon, United States Army, says: "I have tried, with excellent results, your valued preparation, Satyri, and was much pleased with its results. I am convinced of its great worth as a genito-urinary tonic and wish you deserved success."



#### Ergoapial (Smith)

The following case illustrates the effects which I obtained with the use of Ergoapial (Smith) in the treatment of dysmenorrhea:

I was consulted by a young woman who had suffered from scanty, fetid menstruation, accompanied by a great deal of pain, since the birth of her first child seven years previously. Her labor had been followed by a tear of the perineum, which had been left unrepaired, and also laceration of the cervix uteri. This patient consulted a specialist, but his treatment did not give her relief. Examination revealed the presence of the uterine and perineal lacerations already mentioned, and disclosed a chronic endometritis that had given rise to a fetid discharge and to pain during each menstrual period. I repaired the tears, curetted the uterus, and hoped in this



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manner to obtain permanent relief of the patient's symptoms. After she had recovered from the operations, she declared that she was feeling better than she had been for years. But very soon the fetid discharge and the pain returned at each menstrual period, and evidently something else had to be done if I wanted to save my reputation. I then tried local applications, alteratives, uterine tonics, etc., all without avail, until finally Erpoapiol (Smith) was given. The result was immediate relief and a gradual and permanent improvement in the menstrual flow until it was free from pain and devoid of any disagreeable odor.—J. RIDGLY SIMMS, A. M., M.D.

✧

### Chionia

When the hepatic cells themselves become atrophic and lose their nerve tonicity, and refuse to respond to nature's mandate, of secreting bile, then we have a group of symptoms not unlike those of a diabetic, but the results of which would be quite different.

In this condition we have found nothing that proves itself an ideal more than "chionanthus," and we have an ethical preparation, which you all know, that has proven itself a perfect God-send in this condition, and that product is "Chionia." Before the hepatic cells become atrophic and hardened, there is a stage in which the liver becomes engorged, congested, hypertrophic, and in this condition we have hepatitis, an inflammation of the cells and connective tissue, and if this continue, then the liver breaks down, atrophies and hardens. Now, Chionia does not act like any other laxative or hepatic stimulant, but instead of producing a severe catharsis, it works on the inflamed cellular tissue, bringing back the liver to its former physiological condition, allaying all inflammation, and gently stimulating the hepatic cells to perform their duty. And when we add nux vomica to this ideal hepatic stimulant, we have a tonic for the sluggish liver that cannot be equalled by any other remedy.—Extract from a paper entitled "Indigestion, an Etiological Factor in Diabetes," read before the Medical Association of South Carolina, by Dr. J. Will McCanless.

✧

### The Noël Nursery Table

This table has been arranged with the approval and advice of several physicians, and with the assistance of two trained nurses of wide experience.

It is based entirely upon simplicity, neatness, practicability and cleanliness.

The entire outfit consists of thirty-seven articles, and the table is so planned that it, with its complete equipment, takes up a space of only two feet square, when the leaves are not in use.

It has met with gratifying success.

✧

### The Super Spoon

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W. C. POWELL, M.D.

✧

### Horlick's Malted Milk Tablets

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Horlick's Food Company also manufacture Horlick's Food, the best Liebig food made, requiring only the addition of pure, rich milk. When prepared according to directions it makes a food beverage second only to Malted Milk.

✧

### Gude's Pepto-Mangan

If we look over the field of preparations launched upon the market, claiming to be "just as good," "just the same," etc., and now relegated into oblivion, we find their name is legion. Since its introduction to the medical profession of America, many manufacturers through their representatives have heralded competing products as possessing wonderful medicinal properties. They were tried, found wanting, withdrawn from the market, and to-day find a resting place in some upper loft labeled, "Dead stock." "Gude's" has stood the test of clinical investigation in both private and hospital practise; moreover, it has been before the profession during the last twelve years, and during this period has steadily grown in favor.—Editorial from *The Medical Examiner and Practitioner*.

✧

### Antiphlogistine

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trolled by applying Antiphlogistine over the abdomen warm and thick, and covering with cotton and a compress. This practise persisted in for several periods prevents headache, lumbar pain, and other vicarious concomitant symptoms.



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#### Xeroform

Especially remarkable are the results which have been obtained from a 5 per cent. or 10 per cent. ointment of Xeroform in the treatment of burns. Wassiljew (*Medicinische Woche*, August 31, 1903) reports a patient in whom one third of the body surface was burnt and whose life was despaired of; under the use of Xeroform ointment, however, he recovered. Similar communications were published by W. S. Chodzinsky and I. L. Perlow (*Deutsche Medizinische Zeitung*, August 31, 1903); and they all testify to the great anti-bacterial, siccative, analgesic, and healing powers of Xeroform.



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From its introduction to the present day Tyree's Antiseptic Powder has been purveyed only through strictly ethical channels. The formula has been freely published, of which fact certain unprincipled pharmacists have taken undue advantage.

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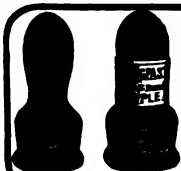
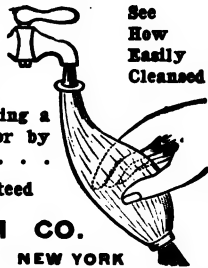
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An Institutional Journal Representing the Hospitals of  
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Conducted by  
ANNETTE SUMNER-ROSE

NEW YORK :  
LAKESIDE PUBLISHING COMPANY  
PUBLISHERS

(Published Monthly.)

NEW YORK OFFICE—Metropolitan Building.

BOSTON OFFICE—With Old Corner Book Store,  
27 Bromfield Street.

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Single Copies	-	-	-	-	-	.20

*Entered as second-class matter at the New York Post Office,  
March 14th, 1901.*

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Sworn and subscribed to  
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# The Trained Nurse and Hospital Review

Vol. XXXII

NEW YORK, MAY, 1904

No. 5

## Florence Nightingale\*

E. C. Ellett, M.D.

Member of Staff City Hospital, Memphis, Tenn.

**T**RAINED nursing is a thing of such recent date that its history is almost a matter of personal knowledge to many of us who are still young. While more or less systematic attempts had been made to secure trained nurses in other countries, there were in this country as late as the Civil War no facilities for supplying them, and the hospitals during that eventful struggle were supplied on the field with men drafted from the ranks, and in the larger ones in the cities with men and women whose principal qualification was that, like Barkis, "they were willin'." One of the first, if not the first, institutions for training nurses in the South was founded in this city by Dr. Maury, and the first graduate† of that school is still with us, esteemed and respected for her splendid abilities, not only by her fellow citizens, but by the National Government. This school is especially indebted to her as its first head nurse.

For some account of the early history of trained nursing we must look to other countries than our own, and to a time which seems quite remote, about fifty years ago. Hospitals are, of course, institutions almost of antiquity, and as long as there have been hospitals there must have been efforts to

give some persons some sort of knowledge of the care of the sick. But these persons confined their services to the hospitals, never, apparently, leaving them except for the battlefield. These nurses were almost exclusively Sisters of Charity, and the continuance of these good women in the work endures to-day. In the '30s a Lutheran priest by the name of Fliedner founded a hospital at Kaiserwerth, on the Rhine, known as the "Deaconesses," in which the nurses were Protestant Deaconesses, and this institution and the excellent system of nursing in vogue there became famous over all Europe.

The available private nurses at that time have been described by Dickens in the person of "Sairey Gamp," of execrable memory, and we are told that the picture was not over-drawn. I cannot vouch for that, but here is his description of her:

"She was a fat old woman, this Mrs. Gamp, with a husky voice and a moist eye, which she had a remarkable power of turning up and only showing the white of it. Having very little neck, it cost her some trouble to look over herself, if one may say so, at those to whom she talked. She wore a very rusty black gown, rather the worse for

\*Address to the graduates of Memphis City Hospital Training School, class 1903. Contributed to THE TRAINED NURSE.

† Mrs. Lena A. Warner, late nurse in U. S. army.

snuff, and a shawl and bonnet to correspond. The face of Mrs. Gamp—the nose in particular—was somewhat red and swollen, and it was difficult to enjoy her society without becoming conscious of a smell of spirits. Like most persons who have attained to great eminence in their professions, she took hers very kindly; insomuch, that setting aside her natural predilections as a woman, she went to a lying-in or a laying-out with equal zest and relish."

Now it is not of "Sairey Gamp" that I wish to speak, but of the antithesis of this individual. I would like to invite your attention to a contemplation of the work of one who raised the profession of nursing from that plane and placed it on a pinnacle, and made it one which no woman need hesitate to follow, and showed the world its possibilities. I want to speak of the woman who gave the physician his most trusted and valued ally, the modern nurse, as exemplified in the members of this graduating class. I feel that no more appropriate theme could be chosen for an address to a class of nurses than the life and work of the first and greatest of trained nurses, Florence Nightingale.

Florence Nightingale was the daughter of a wealthy Englishman, and was born in Florence, Italy (whence her name), in 1820. She was given every advantage of education, travel and culture that money could procure, and could have commanded an enviable social position in the best English society. She early developed a fondness and natural aptitude for caring for the sick and injured, and many stories are related of her skilful attention to the servants and laborers on her father's estate, as well as to animals, while she was yet a child. Her travels afforded her opportunities, of which she took advantage, of seeing various hospitals, these being mostly, as we have seen, under the care of Sisters of Charity. Her inclinations finally crystallized into a determination to seriously undertake the study of

nursing, in which plan she was opposed by her parents. She was permitted to follow her desire, however, and began in the hospitals in London, Dublin, and Edinburgh. That America may shine for a moment in some of the glory of this great woman, let us give credence to an interview which is reported to have occurred between Miss Nightingale and Dr. Howe, of Boston, a well known philanthropist, famous for his work in educating the blind. In 1844 Dr. Howe met Miss Nightingale at the home of a Mr. Bracebridge, in England, and in the course of the conversation she said: "Dr. Howe, you have had much experience in the world of philanthropy; you are a medical man and a gentleman; now may I ask you to tell me upon your word whether it would be anything unsuitable or unbecoming to a young English woman, if she should devote herself to works of charity, in the hospitals and elsewhere, as the Catholic Sisters do?" "It would be unusual," replied Dr. Howe, "and in England whatever is unusual is apt to be thought unsuitable; but I say to you, go forward, if you have a vocation for that way of life; act up to your aspiration, and you will find that there is never anything unbecoming or unladylike in doing your duty for the good of others."

In 1849 Miss Nightingale was attracted to Pastor Fliedner's hospital at Kaiserwerth, and there she entered as a nurse and spent a year. When she finished, Fliedner said that since he had been superintendent of the institution, no one had ever passed so distinguished an examination, or shown herself so thoroughly mistress of what she had learned. She was afterward for a while with the Sisters of St. Vincent de Paul in Paris, and when she finally returned to England after ten years spent in continuous study and training, she was conversant with all that any one could teach her in regard to nursing, diet, hospital construction and hygiene. Think of that course, when now

two years are thought by some to be too long a time to spend in training. Miss Nightingale's knowledge was soon put to a practical test. A home for sick governesses in London was about to fail. She was put in charge of it, and in two years had, by economy, system and wise administration, put the institution on a firm foundation, at such cost to her own health, however, that she was obliged to give up work and retire to her country home.

Early in 1854 England and France had united forces and attempted to stay the advance of Russia through Turkish territory to the Black Sea. This advance was made under guise of reclaiming sacred places in the interest of the Greek Church, but in reality to give Russia an outlet to the Mediterranean Sea. Diplomacy failing, war was declared, and the celebrated Crimean War was begun. England had already acquired a habit, from which she has not yet recovered, of being ill prepared for a foreign war, and the mismanagement of that campaign is a blot on the records of her War Office. It is said that a large consignment of boots was sent to the army and when opened all were found to be for the left foot. Supplies of all sorts, food, clothing, medicines, went astray, were not delivered, or were lost. Justin McCarthy, in his "History of Our Own Times," says that "In some instances medical stores which were needed at Scutari were left to decay at Varna, or were found lying useless in the holds of vessels in Balaklava Bay. The medical officers were able and zealous men; the stores were provided and paid for as far as our Government was concerned; but the stores were not brought to the medical men. These had their hands all but idle, their eyes and souls tortured by the sight of suffering which they were unable to relieve for want of the commonest appliances of the hospital." The natural result of this was a frightful mortality in the hospitals. Of 20,000 who died, 2,000 were killed in battle, 18,000

died in hospitals. Cholera broke out. On the transports one man in four died. Four fifths of those who underwent amputation died of hospital gangrene. Mr. William Russell, correspondent for the *London Times*, wrote: "The commonest accessories of a hospital are wanting; there is not the least attention paid to decency and cleanliness; the stench is appalling; the fetid air can barely struggle out to taint the atmosphere save through the chinks in the walls and roofs; and from all I can observe, these men die without the least effort being made to save them. There they lie, just as they were let gently down on the ground by their comrades, who are not allowed to remain with them. The sick appear to be tended by the sick; the dying by the dying." Kinglake, in his "Invasion of the Crimea," says that "for attendance upon our sick and wounded men in hospitals the war administration at first made no provision at all, and in the absence of hospital orderlies, duly trained for the work, our people had to rely upon the clumsy old plan of drawing soldiers from the ranks to make them do the duty of nurses. When the orderlies had learned their work and become more or less skilled in the performance of their hospital duties, they used to be called back to their regiments and replaced by uninstructed beginners." He further says: "The internal administration of our hospitals was cursed by several heinous defects—by frightful overcrowding, by want of due ventilation, by an appalling want of cleanliness, by want of sufficient attendance, by want of hospital comforts, by want of proper food, rightly cooked and supplied at right times." The report of this state of affairs reaching England produced a tremendous sensation, and relief expeditions and commissions, with large supplies of money raised by subscriptions and placed at their disposal, were hurried to the Crimea. But that was not all. Miss Nightingale's work was known to those in authority. She had made herself ready

for a great work, and now a great work was ready for her. Mr. Sydney Herbert, the Secretary of War, wanted some one to take charge of the hospitals, and by great tact he brought about a change which it was not within his authority to command. On October 15 he wrote to Miss Nightingale: "There is, as far as I know, only one person in England capable of organizing and directing such a plan, and I have been several times on the point of asking you if you would be disposed to make the attempt. That it will be difficult to form a corps of nurses, no one knows better than yourself. I have the simple question to put to you: could you go out yourself and take charge of everything? Your personal qualities, your knowledge and your authority in administrative matters, all fit you for this position." But Miss Nightingale had anticipated this request, and the mail that bore this letter to her, bore one from her to Mr. Herbert, volunteering to go. In a published letter Mr. Herbert announced that "Miss Nightingale, with 34 nurses, will leave this evening. She has, with a self-devotion for which I have no words to express my gratitude, undertaken this noble but arduous work."

From the many volunteers the first party was organized and left in a week. This consisted of Miss Nightingale, Mr. and Mrs. Bracebridge, ten Roman Catholic nuns of two different orders, eight sisters of mercy of the Church of England, six from St. John's Institute, and fourteen from other hospitals, forty-one in all. They reached Scutari, opposite Constantinople, on November 4, and were sent at once to the Turkish barracks which were being used as a hospital. The row of beds in this hospital alone was over two miles in length. The crowding was fearful. Beds and pallets lay almost in contact, till in a space allotted for 1,200 there were 2,000, and in that allotted for 1,600 there were 2,200. And all acute cases to be nursed by thirty-eight nurses. Equipment

was almost *nil*. Bottles served for candlesticks, there were no facilities for washing the patients or their bedding, no change of clothing, no proper food or medicine, no fresh air. In an incredibly short time a diet kitchen was established from which nearly 1,000 could be fed with proper food; a laundry was equipped and new and clean bedding supplied. "Until she interposed the authorities had only succeeded in washing *seven* shirts." (Kinglake.) She helped the chaplain establish a library and school room, and supplied books and games, and wrote letters for the men in addition to the ordinary duties of nursing and administration. In a year and a half, till peace was declared, she stuck to her post, though severely ill in the spring of 1855 with fever. It is said the mortality was reduced in the Barrack Hospital from 65 per cent. to a little over 1 per cent., thanks to the labors of this woman of fragile figure and delicate health.

Kinglake refers to her throughout as the Lady-in-Chief. "But," says he, "great would be the mistake of any chronicler fancying that the advantage our country derived from womanly aid was only an accession of nurses; for if gifted with the power to soothe and comfort, woman also can impel, can disturb, can destroy pernicious content; and when she came to the rescue in an hour of gloom and adversity she brought to her self-imposed task that forethought, that agile brain power, that organizing and governing faculty of which our country had need. The males at that time in England were already giving proofs of a lameness in the use of brain power, which afterward became more distinct. They proved slow, strangely slow, to see and to meet the fresh exigencies occasioned by war, and apparently in the hospital problem they must have gone on failing indefinitely if they had not undergone the propulsion of the quicker—the woman's—brain to set them going in time."



"She did even more. By the very power of her fame, but also by the wisdom and authority of her counsels—she founded a gracious Dynasty that still reigns supreme in the wards where sufferers lie, and ever brings solace, brings guidance, brings hope, into those dens of misery that, until the blessing has reached them, seem only to harbor despair. When into the midst of such scenes the young lady now glides, she finds strength to meet her task because she knows by tradition what the first of the dynasty proved able to confront and to vanquish in the wards of the Great Barrack Hospital."

When Miss Nightingale returned to England in 1856, at the close of the war, it was proposed to give her a tremendous popular reception. But, like many of great merit, she was extremely modest, and came home quietly and unexpectedly, and was at her own country house before it was known that she was in England. The Queen sent for her and gave her a decoration, the Sultan of Turkey sent her a magnificent bracelet, and a fund of \$250,000 was raised and presented to her as a testimonial. This she refused to accept for herself, but devoted it to founding a training school for nurses at St. Thomas' Hospital in London.

Since the Crimean War Miss Nightingale has lived, and I believe still lives, in London, an invalid, but not forgotten. She has been active as a writer on her chosen topic, and her "Notes on Nursing," published in 1860, is a splendid book, and is full of much that shows her readiness to grasp the essence of a problem and draw sensible conclusions. For instance, the London papers stated that as there were 25,000 deaths annually among the children in that city, there was need of a Children's Hospital, and as there was a great want of sanitary knowledge among women there was need of a Woman's Hospital. "Now," says Miss Nightingale, "both the above facts are too sadly true.

But what is the deduction? The causes of the enormous child mortality are perfectly well known; they are chiefly want of cleanliness, want of ventilation, want of white-washing; in one word, defective *household hygiene*." Education in this direction and not more hospitals is what is needed. Again, let me quote the following, which I am glad to bring to the notice of a general audience: "The very first canon of nursing, the first and the last thing upon which a nurse's attention must be fixed, the first essential to a patient, without which all the rest you can do for him is as nothing, with which I had almost said you may leave all the rest alone; is this: To keep the air he breathes as pure as the external air, without chilling him." Can any modern book on hygiene improve on the following: "There are five essential points in securing the health of houses: (1) pure air; (2) pure water; (3) efficient drainage; (4) cleanliness; (5) light." And there are many other good things in the book about noise, the nurse's dress (those were the days of crinoline) and a thousand hints about reading aloud, and similar little things that only one of experience and trained observation would know about. A full appreciation of the value of observation is a keynote of the book, a thing she dwells on at length. Nor is she devoid of a sense of humor. "It seems a commonly received idea among men," she says, "and even among women themselves, that it requires nothing but a disappointment in love, the want of an object, a general disgust or incapacity for other things, to turn a woman into a good nurse." This reminds one of the parish where a stupid old man was set to be school-master because he "was past keeping the pigs." Again, "Let no one depend on fumigation, disinfectants and the like for purifying the air. The offensive thing, not the smell, must be removed. I wish all the disinfecting fluids invented made such an abominable smell that they forced you to

admit fresh air. That would be a useful invention."

Such, then, is the story of this woman, this first trained nurse. a story with which it is fitting that you should be familiar, and whose example you should be prepared to follow if the opportunity comes. I am sure that her life will convince us all of one thing at least, that the calling upon which you now make your formal entrance is not a trade or business, not simply a means of livelihood, but a profession, and a profession second to none in its responsibilities, its possibilities and its honors. We often entertain an angel unawares, and who knows but that

to-night we are sending forth upon her mission another Florence Nightingale.

In the preparation of this address, the following sources of information have been utilized and are duly acknowledged: "Lives of Girls Who Have Become Famous," by Sarah K. Bolton; "Some Eminent Women of Our Times," by Mrs. Henry Fawcett; "Florence Nightingale," by Harriet E. Banning, in the *Chatauquan*, 1895; "History of Our Own Times," by Justin McCarthy; "Invasion of Crimea," Vol. IV, by Alexander W. Kinglake; "Florence Nightingale," by W. C. Cahall, M.D., *Philadelphia Medical Journal*, June 13, 1903; "Life of Dr. S. G. Howe," by F. B. Sanborn; "Notes on Nursing," by Florence Nightingale.

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### The Trained Nurse

Clad in no regal robes,  
Nor yet a crown;  
Though still a queen.  
Her victories count for life.  
Her conquests peace,  
She heals the wounds of cruel war  
And, crueler still, disease.  
Her foe is Death!  
The stake is Life!  
And fearful conflicts wage  
Until she, with mind so trained,  
And hands so skilled  
Subdues the pain  
And conquers Death!

EUGENE GRAY.

# Some Common Points of Weakness in Hospital Construction\*

Anna Goodrich

Superintendent of the New York Hospital Training School for Nurses

**I**F IT is true that despite the most careful revision of plans by directing boards, medical boards, and officials, a building is rarely erected that does not immediately upon occupancy show most incomprehensibly glaring defects, and that limited funds not infrequently necessitate arrangements which it is perfectly understood will have to be replaced in the near future at double the cost, it is also true that many of our recent buildings, richly endowed or otherwise, present to the critical eye of the practical worker a similarity of defects which would be avoidable without an increase of the initial expense, and an elimination of which would greatly facilitate in the economical running of the most expensive plants which the public are called upon to maintain. Time and the immensity of the subject forbid of our attempting to compare the advantages and disadvantages of the different arrangements of even those hospitals which we have been able to inspect, interesting as such a discussion would be, neither do I propose to more than touch upon the major essentials, site, architecture, and so forth.

As continual growth is the history of every successful hospital, forms of architecture which will not lend themselves to extension without excessive cost would seem to us defective. As the most perfectly constructed plant would be one that, with the smallest possible force, would minister most effectively to the needs of the patient, so exteriors

which do not allow of balconies or roof gardens, pavilions not connecting except by stairs or uncovered alleys, with long intervening corridors and kitchens and laundries not communicating with other departments by dumb-waiters or elevators are certainly open to criticism.

Concerning ventilation and plumbing we have little to offer, but we would call attention in passing to a few points.

A plan of ventilation much in vogue is the throwing in of fresh hot air from above by fans, the outlet for impure air being from below; but a deposit of soot from the ceiling downward, and a draft necessitating a screen around each bed makes one doubt the perfection of this system. Neither have we ever seen it prove an adequate means of heating unless with assistance of steam.

The necessity of the laying of steam pipes and of having all pipes easily accessible would hardly seem to require mention. But in view of the fact that in a very recent building a very large number of pipes would have been inclosed in plaster but for the timely interference of an official not actively engaged in hospital work, and that in another hospital steam pipes had not been carried even to the operating room, it is proper to indicate the occurrence of such errors.

Windows placed at such a height that a patient sitting or lying in bed is unable to see out is an unnecessary deprivation of them of what would be a great source of diversion. As a prevention

\*Read at the annual convention of the American Society of Superintendents of Training Schools, Pittsburgh, October, 1903.

of accidents or suicides, high windows are useless. Ornamental but secure gratings would not only serve the purpose far better, but are absolutely necessary in every window, high or low.

A satisfactory flooring that is inexpensive has yet to be found. Terrescum, which cracks, cement and similar forms of flooring which are ugly and always unclean in appearance; cheaper woods, which hardly seem sanitary and have a tendency to warp and stain, are the floors most frequently used. Speaking from the standpoint of practical experience, we firmly believe that tiling, marble, mosaic, or the very expensive wooden floors, great as is the initial cost, are sufficiently satisfactory and durable to be really economical in the end.

Methods of lighting and of cleansing operating rooms are to our minds still unsolved problems. In some hospitals abroad we understand that after every operation, or at the end of each day, the rooms are closed and subjected to live steam. This would seem to be a thorough way of treating rooms used for septic cases. Too many of our operating rooms do not even boast of a drain which will allow of their being flushed with water or disinfectants. Proper and convenient adjacent rooms for the attending staff, house staff, the preparation of dressings, and closets for supplies are the exception, not the rule.

Wards in which the accessory departments, such as dining-room, lavatories, and pantries, are not immediately adjacent on account of intervening halls, or that are limited in size, or where rooms for convalescent patients, steam disinfecting and drying closets are omitted, are poorly planned. But the greatest general defect is the inadequate appara-

tus for the cleansing and disinfecting of ward utensils and linen.

As an illustration, let us speak of typhoid. A query as to the theory taught in our training schools concerning the disinfection of all articles used in connection with typhoid patients elicits a reply which scarcely varies by a word. An answer to the query as to the carrying out of such theory would scarcely differ, but for a not unnatural dislike to acknowledge how inadequate are the means for carrying out our theory. As typhoid is only one, and perhaps the least objectionable, of the communicable diseases which are to be found in our general wards, we cannot advocate too strongly methods which will perfectly protect the patients who are under our care. Elaborate bath tubs, closets, washstands are always found; while slop-sinks are frequently, and disinfecting tanks almost invariably, omitted.

The disinfectant which was satisfactory yesterday is useless to-day, but in the efficacy of sterilization we believe all authorities are agreed. Therefore, in our lavatories a very simple and a very possible way, and also a method which would be an economy in both time and material, would be to carry live steam pipes into our disinfecting tanks so that all utensils used in connection with the patient could be sterilized, as personally we believe they should be whenever used. As blood stains and excreta are not rendered indelible if not allowed to dry before boiling, the advantage of the immediate sterilization of the linen would be two-fold: the removal of all source of danger and the prevention of discoloration.

I do not recall ever having seen a satisfactory arrangement for storing and preparing the ice for external use. Cer-

tainly the dining-room or pantry table is not the place to refill an ice cap that has just been removed from the patient.

Another not unimportant oversight when so many conditions are treated by baths, is to arrange for emptying and filling portable tubs. A convenient and cleanly arrangement is a marble slab in the floor of the lavatory, or some adjoining room, with a depression in the center converging toward the drain, and faucets sufficiently high to allow of tubs being placed under them.

How rarely are closets for patients' clothing built in close proximity to the wards, with proper means for ventilation and sufficiently large not to ruin the patients' clothing? Almost invariably these are small, they are sometimes placed in the basement, and not infrequently are even omitted.

While a few recently built hospitals have arranged for a dining-room and pantry in connection with each ward, very many still omit the former and set aside a space for the latter which is much too small to allow of proper china closets, steam tables, refrigerator, and sink. We think, too, it is equally as necessary for the sake of perfect cleanliness that here again arrangements should be made for the boiling of all utensils. It would certainly do away with the necessity of isolating certain patients' dishes, a precaution which we often feel upon thorough inspection would prove to be of little real value.

The sins of omission in the children's department are numerous. A hospital that pretends to care for children, and then provides neither sun-parlor, roof-garden, or recreation room; or that desires a good service and then fails to provide observation wards and temporary isolation rooms to prevent the con-

tinual closing of the general wards because of contagion, is at least shortsighted. But the omission to provide a room where the surgical cases can be treated individually is almost inhumane, and would never be repeated by those responsible for the omission if they could once see the almost frenzied condition to which the little sufferers are reduced by the screams of the child under treatment, while awaiting their turn.

The advantage of arrangements in the basement, or at least outside the ward, for the removal of clothing and bathing of patients on admission, are too obvious for their omission to be excusable. Yet absent they are. We again call attention to the disposition to omit all sinks and other apparatus for cleansing and disinfecting which are even more necessary here than in the wards.

A private patients' building, in connection with any other department, such as the rooms for the staff or nurses' home, is a great and unfortunately frequent mistake. The most common cause of complaint on the part of the patient is that of excessive noise. Elevators should be noiseless, but they are always noisy. Halls should be kept as quiet as possible, but the omission of reception rooms for friends of the patients, working departments for the nurses, and above all, a room for the special nurses on duty who are obliged to absent themselves temporarily from the patients' rooms, make them centers of much disturbance.

The advantage of lavatories for working purposes being separate from those for the use of the patients is quite obvious, but such an arrangement is rarely found. They should be placed in as inconspicuous positions as possible, but yet are not infrequently found in close

proximity or directly opposite to the reception rooms or elevator.

An important factor in the economy of labor is the placing of as many rooms on each floor as possible. A recent comparison of a certain number of rooms on one floor of one hospital with the same number of rooms on three different floors, showed the necessity of trebling the nursing force in the latter case.

Such perfect plans for isolation wards have been conceived and carried out, that a building excellently arranged for the isolation of two or more diseases, yet providing one dining-room and pantry for all, seems inconceivable. We could, however, mention three hospitals in which this has occurred. Stress should be laid on the importance of having each ward and its accessory departments absolutely separate with intervening passages and double doors, and apparatus for steam disinfection on the premises. The diet kitchens have done such good work that their appliance is generally assured, but the economical advantage of their being connected with the main kitchen is perhaps not always appreciated.

We could go on indefinitely mentioning and enlarging upon defects, but in view of the fact that long and able articles on all the different points of construction have apparently failed to prevent these defects, we do not believe that pages of suggestions and volumes of plans would alone solve the problem. We do believe, and this article will have failed of its main object if we cannot induce you to believe with us, that wherever the responsibility may have lain in the past we will have to assume a large share of it now. It is ours by right of experience. Starting from the lowest

rung of the ladder, our hands have touched every department. We know, or should know, better than any one else the needs of the patient from the standpoint of every condition and the standpoint of every class.

In the vast amount of matter with which the architect has to deal, details which to us are so important are to him of minor consideration. More than once when we have asked how such mistakes could have been made, the answer has been "our opinion was never asked, we scarcely knew a building was in progress." We do not think the busiest superintendent should ever make this excuse. Hospitals did not call for training schools; States are not calling for legislation. Our patron saint has set us an example. In notes from a lecture on hospital construction given before the British Medical Association in 1869 by Douglas Galton, F.R.S.S., it is interesting to read that "amongst the publications on the subject, Miss Nightingale's notes on hospitals, etc., may be mentioned as having contributed largely to the spread of sound principles of hospital construction in this and other countries." Our fight for recognition is a moral obligation. Of how much value to our nurses are our excellent theories if we do not see to it that proper means are provided for their execution?

From the moment that the idea of a new hospital is conceived or that extensive alterations are talked of, from that moment the superintendent of the training school should commence to acquaint herself with every detail upon which she could possibly be called for advice. However great the demand upon her time may be, she must be awake to the fact that the best basis for her work will

be the well planned institution. Let her insist upon seeing the plans, and upon getting in touch with those members of the board who are most directly interested in the building in the course of erection. She should visit as many institutions as possible with a view to widening her horizon.

Superintendents of training schools are not architects, but, as a condition of their being in the positions at all, good executives they must be, and, as such, they should use all available material to the best advantage. On every staff and in every training school are men and women who are ingenious in just those details which would be important in certain points of construction. Let the training school superintendent consult with them. Plans take weeks! construction takes months. She will have time, therefore, to anticipate the work of the architect and to follow step by step the course of construction.

Our predecessors fought for the establishment of the training schools with not less of opposition than must be met by every new and untried scheme. If, in battling for legislation and establishing superintendents' courses and preliminary courses, we of to-day have been so busy that we have overlooked the tremendously important part the in-

stitution plays in the education of the nurses, or if in using the institution for the individual we have failed to use the individual for the institution, we can but hope that our successors entering the field, equipped as we only wish we might have been, will be able to obtain recognition as authorities in hospital construction. Personally we have seen such a disposition on the part of the men and women interested in our institutions to listen to practical suggestions for their improvement, in their anxiety to have them minister perfectly to the needs of the sick while serving as educational centers, we think their battle will be easy and that their victory is assured.

The difficulty of obtaining any compiled information on hospital construction suggests the value of a book containing the plans of the different hospitals in this country. Would it be possible for every member of this association to obtain the plans of the institution with which she is connected, and to make notes on those arrangements which are particularly satisfactory or defective? A volume compiled in this manner would be of value, not only in the planning of new institutions, but as a reference book for the different schools that are giving instruction on the subject in their preliminary courses.



# **The Role of the Nurse During the Use of the Stomach Tube**

## **A Clinical Demonstration on Nursing in Digestive Diseases**

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**I**N PRESENTING this subject of assistance during the use of the stomach tube, I wish to avoid medical technicalities and yet to give you something more than a mere statement of the ways in which you will be called upon to assist the physician. The latter is, indeed, impossible on account of the different requirements and ideas of different physicians. By understanding rather fully the various general principles involved it may also happen that, especially in some remote locality you may be able to render more than ordinary assistance to some physician who has had little or no experience in this kind of practise.

The stomach tube is occasionally employed as an esophageal sound to test the calibre of the esophagus, with special reference to the existence of strictures and, of course, it may be used as a colon tube or as a vaginal douche or substitute for an ordinary antiseptic douche. As a stomach tube in the proper sense of the word, this instrument has three uses: 1. To extract the contents of the stomach for diagnostic purposes; 2. To wash or medicate the stomach; 3. To introduce nourishment. This last use is practically confined to insane asylums, reformatories, prisons, etc., where patients may refuse to eat. Strangely enough, it sometimes happens that an insane person who will not swallow food, will submit readily to feeding through the tube, which is sometimes called gavage—or will even report voluntarily at the proper time for "forced" feeding. Very rarely, in private practise, some form of paralysis, or interference with swallowing, may call for the use of gavage.

You may judge of its rarity from the fact that, in thirteen years' use of the tube, I have never performed gavage but two or three times, and then because the tube was already in place for some other purpose and it seemed expedient to introduce a full feeding of malted milk or some similar nutriment. As a matter of common observation, if a patient has a stricture of the esophagus which prevents swallowing of semi-liquid or liquid food, the tube can rarely be passed; in painful affections of the throat and esophagus, swallowing is usually less dreaded than the passage of an instrument; and paralysis of the esophagus is rare.

A clear, practical distinction should be made between the diagnostic and therapeutic uses of the tube, and in general this instrument should be used only with a definite conception of what is to be accomplished. Sometimes physicians attempt to extract the stomach contents for diagnostic purposes and, finding some difficulty, dilute them with water, thus destroying their value, or they obtain the contents and then remember that they have no facilities for examining them; or, on the other hand, they set out to wash the stomach and find that they have forgotten to make sure that the stomach was empty of food and the treatment fails for the simple reason that an ordinary mixed meal, not very carefully masticated, cannot be extracted through an ordinary tube. To evacuate the stomach in cases of poisoning, when the stomach is likely to contain food, I keep a special tube, home-made from a piece of large tubing, which cannot be passed except by using some degree of force. The



regular stomach tube, which can be easily passed, is not large enough for the extraction of miscellaneous stomach contents. Indeed, the dainty, catheter-shaped stomach tubes commonly sold are too small for most purposes, and one cannot do satisfactory work with them.

In cases of suspected cancer, and occasionally others, one desires not so much the stomach contents in the sense of digesting food, as samples of the stomach wall, in the way of exfoliated masses of tissue or shreds of membrane. In such cases you should see that the stomach has been kept empty for six hours or more before the passage of the tube, as it is worse than looking for a needle in a hay stack, to seek microscopic evidence of lesions of the stomach wall in a mass of food.

In the ordinary examination of stomach contents they are extracted from an hour to an hour and a half after such a meal as a roll and glass of water or two slices of bread and butter or a cereal and a glass of water. Some physicians employ tea or coffee as a beverage. Or a heartier meal, including meat, possibly potato and soup, is given and then the time of extraction is usually from an hour and a half to two hours. In any given cause you should receive and, if necessary, ask for the most explicit directions as to the time of the test meal, and the nature and amounts of the substances included in it. Unless, for very peculiar reasons, you may take it for granted that the physician wishes to examine only one meal at a time. Thus the test meal should usually be given at least six hours after the last previous one, allowing even a longer interval if there has been any tendency to stagnation of the stomach contents. For instance, if your patient has vomited in the morning what he ate for supper or dinner the night before, you should save the vomitus and call attention to the indication of stagnation. Indeed, it is a safe rule never to throw away any dis-

charge from a patient until the physician has seen it. Whatever the conditions of the test meal, the patient should not be allowed to lunch or drink milk, etc., for several hours before, and he should not even drink water, except as included in the test meal itself, from a time two hours before the meal until the contents have been extracted.

The passage of the stomach tube should always be considered as a serious matter, sometimes as serious as an abdominal operation. It should never be left to the patient himself, as patients who acquire the habit wash out their stomachs at the first appearance of unpleasant symptoms and the withdrawal of food leads to a condition of semi-starvation. With all respect, I believe that the passage of the tube should not even be left to the nurse, unless the circumstances are peculiar, and that if the case presents special features of risk, such as aneurysm, any form of degenerated blood vessels, weakness of the heart, extreme nervousness, pregnancy, abnormality of the throat of any serious degree, it should be confined to experts.

The patient should usually be seated in an ordinary armless chair, but in grave cases he may remain in bed, even in the recumbent posture, or may be seated in a comfortable arm chair. You should see that the room is of comfortable temperature and that the patient is protected by proper clothing, including slippers or even a pair of storm rubbers, to keep the feet dry, in case stomach contents or water is accidentally spilled. He should be protected by a rubber sheet or oil cloth, reaching from the neck almost to the floor, or a gossamer may be used, or even a long bath towel. It is not usually necessary to protect the physician and yourself if you are careful to keep away from his range of fire, still it does no harm to be on the safe side and a nervous patient with strong muscular development of the stomach will sometimes deluge his surroundings. Unless

the floor is bare, and not liable to injury from acid stomach contents and the medicaments used, it should be protected by oilcloth, an old piece of carpet or even a number of layers of newspaper. Furniture, bric-a-brac, clothing, etc., should be cleared away from the range of destruction—at least six feet—a small table, protected like the floor, should be provided, as well as a light, granite ware basin for the patient's lap, a washbowl to catch the stomach contents, a small non-corrodable receptacle for specimens requiring separate examination, a jar for the stomach contents, a pile of towels, a basin of water for cleansing the hands—unless a stationary washbowl is available—and the stomach tube should usually be brought in, in a small pitcher of hot water. As it is often desirable to wash or medicate the stomach after extracting the contents, the utensils for this purpose—which will be discussed later—should be available at a moment's notice.

In the extraction of stomach contents the little catheter-like tubes are of no value. This tube has a bore of nearly one fifth of an inch and ends abruptly, except that the wall of the tube is slightly rounded. Such a tube passes the throat with a little more difficulty than the one with the catheter end, but when it is in place one can do something with it. The assistant should see that the patient's hands do not interfere with the passage of the tube, and when the tube is in place she should hold it lightly but firmly so that it shall not slip out nor in and should see that the patient does not bite nor otherwise compress the tube. With a surprising uniformity the tube works best when a ring fifty-five centimeters from its stomach end is at the incisor teeth. Remember that you cannot hold a tube securely unless your fingers are right against the patient's lips. If you try to hold it a couple of inches away from the lips it will slip from your grasp if the patient gags.

All sorts of expedients have been used to

facilitate the passage of the tube, and some physicians talk about guiding it into the esophagus. The patient should sit with the head normally poised, except that the head may be thrown back until the tube has entered the pharynx. After this point is reached, the tilting backward of the head constricts the esophagus between the spinal column and the larynx and resists the passage of the tube. The tube naturally tends to follow the posterior wall of the pharynx into the esophagus, but it might enter the larynx, and if we introduced water immediately the patient would probably be drowned. For thirteen years I have been on the guard against this accident, always pinching the tube or listening to make sure that the patient is breathing around it. Only last month was this precaution shown to have been necessary, but the saving of one human life is worth any amount of precaution. The patient is directed to swallow hard at intervals, and the tube is gently pushed forward as he swallows. If the sensation of spasm becomes too marked the patient is directed to pant deeply, as this is a natural method of relaxing spasm and even of producing some degree of anesthesia, as you may notice when you are at the dentist's.

This patient has had the tube passed purely as a matter of demonstration at another hospital and he takes it very readily. I have previously made sure that he has no heart disease, that his pharynx is not obstructed and that he has no false teeth. A movable plate should always be taken out before passing the tube. The stomach contents do not come out although I am using alternate inflation and suction by means of a bulb attached to the tube. Now, the patient vomits a quantity of vegetable matter, totally different from the ingredients of the test meal, and the tube has escaped. You will note that the tube is plugged with cabbage, and here we have a piece of beet. It seems that the patient had a light lunch

two hours before the test meal, but that the vegetable fibre is the remains of dinner, taken eight hours before, while the beet dates back a week, according to the patient's statement. In other words, we have accidentally and unexpectedly encountered a very marked case of gastric stagnation, occurring in a young man of twenty-four, who supposed himself to be perfectly well. Such a case needs lavage as a means of treatment, and we will take up the next demonstration of this use of the tube in a day or two.

In dealing with patients not accustomed to the passage of the tube several false starts may be made, on account of the expulsion

of the tube, and the patient often suffers considerable discomfort from gagging, though no actual pain. It has been suggested to spray the throat with cocaine, but the distress is due to a muscular reflex involving the whole esophagus, as well as the tongue and pharynx, and cannot be controlled by local anesthesia. General anesthesia is, of course, out of the question. It has been suggested to depress the reflexes by bromides, etc., given for several days before the seance. But we do not want to depress the digestive function if we are seeking stomach contents for examination, and in cases requiring treatment through the tube we seldom should use any depressant drug.

(To be continued.)

## To Conquer Worry

Get into gear! Banish worry. Rise above it. Conquer the disease. Struggle against it until you win. Be not disheartened at repeated failures. Defeat but adds to your strength, if you keep up the fight. The glories of the victory amply repay years of effort. "I never knew what happiness or success really were, until I got rid of worry," says a friend.

No matter what may be the cause of your worriment, to worry over it will do more harm than good. "Then shall we 'let things slide,' and not try to improve conditions?" By no means. But instead of weakly worrying about them, tackle them in earnest. Do a

good day's work at it, whatever your duty or problem may be; eat well, live simply, do as you would be done by, keep your head level, use your best judgment, drink in the inspiration of nature, seek the co-operation of the spirit, acquire reposeful poise—resourceful strength will come, you will sleep like a babe, worry will disappear, each day you will awake in a new world and to a more glorious existence.

"A thousand unseen hands  
Reach down to help you from their peace-crowned  
heights,  
And all the forces of the firmament  
Shall fortify your strength."

—HERBERT MYRICK, in *Good Housekeeping*.



# Artificial Feeding of Infants\*

Godfrey R. Pisek, M.D.

Lecturer on Diseases of Children at the New York Post-Graduate Medical School and Hospital; Professor of Diseases of Children at the University of Vermont

**A**S THERE is a possibility that every infant that is born may have to be brought up on the bottle, every nurse should understand the principles of artificial infant feeding, and during the time that she is with the mother at confinement she should be able to teach her how to prepare artificial infant food, and to point out the dangers of improper feeding. Many of the deformities of early life, such as bow legs, and backwardness in teething and walking, poor digestion, weakness of constitution and a tendency to sickness in general are the results of improper feeding during infancy. Every mother wishes her baby to be strong and rugged and would do everything in her power to insure these results, but how is she to know how to encompass this end? The information she needs should come from the doctor and nurse, *i. e.*, from those who are trained in this subject and not from well meaning friends who have not had the opportunity to study the modern scientific methods of infant feeding. The nurse's position then may be one of responsibility, calling for a thorough knowledge of this subject. For this reason we intend to be very explicit and teach you *more than how to make up food*; we wish you to understand the theories of *why* you do certain things. This knowledge should greatly enhance your usefulness and make your work in the home more interesting and valuable.

In ancient and simpler states of society there was little demand for artificial infant feeding, as mothers could nearly always nurse their infants, and when they were weaned the infants began to eat the same food as their parents ate. So it is in nature.

If you look at the lower animals you will see that at weaning the young feed with their parents, while at birth few species will attempt to eat the parent's food, and if it is fed to them sickness usually results. It is now known that at birth the digestive tracts of the young are not similar to those of their parents or to what they will be at weaning; for then, without discomfort, food can be eaten that before caused sickness. It is evident, therefore, that some change has taken place in the digestive apparatus of the young animals. These facts will be further on explained and made apparent to you.

Since babies that could not be nursed by their mothers could not eat ordinary food it was only natural that the milk of some animal, as the cow, should be used. In some instances the infants could digest it, but in many more they could not digest it and sickness and a high death rate resulted. Milk diluted with water was then tried. Then prepared foods made from cereals, which only required the addition of water, were used, and later, condensed milk, but these foods did not give satisfactory results in the long run, although the infants often tolerated and grew fat on them at first; later very serious constitutional symptoms often appeared which have been traced to the use of these foods. It was then found that the cheesy curds of cow's milk caused indigestion, and it was thought that peptonizing or digesting the milk so that these curds would not form would succeed, but it was not a success except as a temporary expedient. Then the fact that cow's milk contained germs or bacteria was discovered and sterilized milk—milk heated to nearly

\* Synopsis of a course of lectures delivered before the Nurses of the Training School of the New York Post-Graduate Medical School and Hospital, prepared for and contributed to THE TRAINED NURSE.

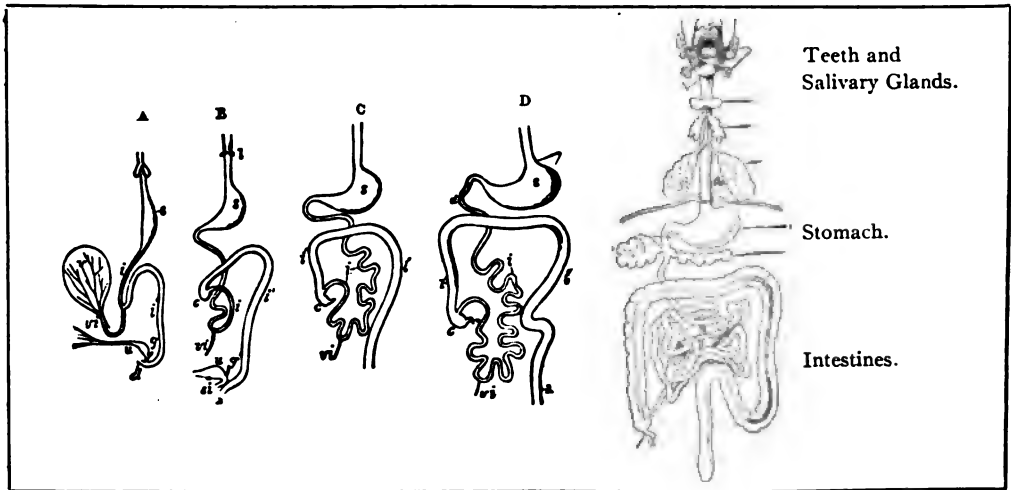
the boiling point (212° F.) to kill the bacteria was introduced and widely used. Objections to sterilized milk soon developed and pasteurized milk—milk that has been heated to 160°–170° F.—was advocated, as it was found that the bacteria were destroyed at these lower temperatures. Further and closer study later showed that cow's milk was different from human milk in *composition*, and an attempt was made to adjust the *ingredients* of cow's milk which were supposed to be the same as those of human milk, so that they would be in the same proportions as in human milk. This was done by diluting cow's milk with water, adding cream, sugar and lime water, or bicarbonate of soda (baking soda). This food was called Humanized Milk. There was still room for improvement and it was pointed out that mothers secreted slightly different milks, and that the ingredients of cow's milk, for this reason, should be adjusted so as to suit *each* infant, and the so-called *modified milk* resulted. Then it was found that the ingredients of cow's milk were *not* the same as those of human milk and a new scheme was advocated in which *cream* and *whely* were mixed. Practical use has shown that this mixture does not completely take the place of the mother's milk. In all these schemes the baby's digestive apparatus has been treated as if it was a vessel into which food was to be placed, and not as if it was made up of organs that have peculiar functions, which is the case. We now use a much better and more scientific method of feeding, which will be taught to you. It would only hopelessly confuse you if we attempted to show you how to make up food by all these different methods now, therefore it will be well to first explain to you some of the peculiarities of the digestion of young animals, and you will then be able to see the weak points of all methods and the advantages of the method taught you.

In a recent scientific paper, Dr. Chapin

says that in all cases of suckling animals the mother nourishes the young from her body from the time of conception, until they are able to eat the same kind of food that she eats. The nourishment is generally supplied through the navel cord and mammary glands. Some young animals are nourished longer through the naval cord, others longer through the mammary glands; this is the great distinction between these animals. A baby is nourished by its mother for about nine months before birth principally through the navel cord, and for about ten or twelve months after birth at the breasts, before it is completely formed and able to eat ordinary food, when it is weaned and then becomes independent of its mother's body. When a baby is born much before the usual time it *cannot suck* and we place it in an incubator and inject its mother's milk into its mouth with a special feeder. Later as the premature infant grows it wants to suck and then it can be placed at the breast. An artificially fed baby is very much like a premature baby. The premature baby should be receiving its nourishment through the navel cord and the artificially fed baby through the breasts. The premature infant is using its digestive tract before it is ready for the mother's milk, and the artificially fed infant which should be having breast milk is taking food that is different from mother's milk, which its digestive tract is not yet prepared to digest. Both are being nourished in an unnatural way.

The digestive apparatus of an adult consists essentially of the teeth, tongue and salivary glands of the mouth, the stomach and the intestines with their secretory glands. Every one knows that an infant has no teeth at birth, but few know that it has practically no stomach. It has a pouch which will develop into a stomach, but has not a stomach in the sense in which an adult has a stomach.

The following illustrations show how the human digestive tract is gradually developed



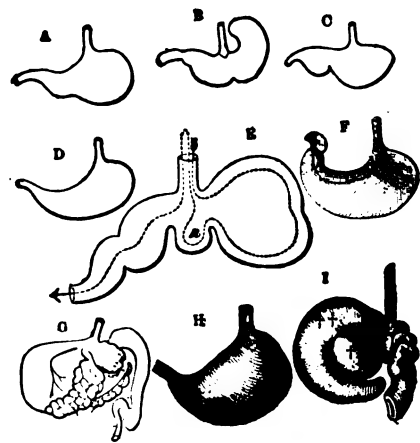
Development of Human Digestive Tract (Allen Thompson and Wiedersheim).

from a simple tube into the complicated apparatus of the adult.

The stomach and teeth are developed while the infant is being nursed. Weaning occurs when the digestive tract is completed. The development of the digestive apparatus is gradual, as is indicated by one or two teeth appearing at a time. The *stomach* develops gradually and mother's milk not only furnishes food, but food that has the peculiar property of developing the immature stomach. At weaning the infant begins to eat solid food which at birth would have been harmful to it. If mother's milk always remained fluid in the stomach the baby at weaning would not be prepared to digest solid or semi-solid food, but nature has provided that as the baby's stomach and secretions become stronger the mother's milk becomes more firmly curded in the stomach and takes longer to digest. In this way mother's milk trains the stomach to digest solid food. This training of the stomach we believe to be the most important factor in artificial infant feeding and it cannot be neglected without injury to the infant's future wellbeing. The baby's food must strengthen its digestion as well as nourish it. The milks of different

kinds of animals cannot be used for infant feeding without preparation as they are not alike or interchangeable, because they are intended to develop different kinds of stomachs.

We cannot make human milk, but we can



Stomachs of Different Milk Secreting Animals (Wiedersheim).

alter cow's milk so that it will not only furnish nourishment but will also insure the development of the stomach so essential to the child. No other food than fresh cow's milk, which is altered so as to suit the infant,

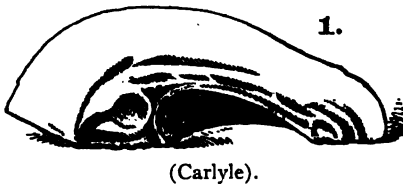
should be used except as a temporary expedient.

Food of animals and human beings is divided by chemists into five great divisions: Fats, Carbohydrates, Proteids, Mineral Matter and Water. Lean meat, cartilage or gristle, and blood are made up principally of proteid, and any food that can be changed into blood or muscle or similar tissue is called proteid. It may be fish, fowl, lean meat, eggs or gluten of bread. Fat may be in the form of butter, fat of meat, olive oil, etc. Carbohydrates may be in the form of sugar or the starch of bread or potatoes. Fat and carbohydrates cannot build up muscular

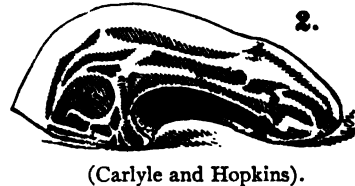
The illustration shows sections of pigs; one is very fat and the other very muscular. The muscular pig had nearly half again as much blood as the fat pig and was just so much stronger. This difference was entirely due to using improper food for the fat pig. Fatness and heavy weight are not always signs of health or strength, and an infant while gaining weight may be having its blood starved because its food elements are in improper proportions.

The milk of all animals contains fat, carbohydrates, proteid, mineral matter and water. As the body tissues consist largely of proteid (muscle, cartilage and blood) which

Showing Effect of Improper Food.  
Fed Low Proteids (Very Fat).



Showing Effect of Proper Food.  
Fed High Proteids (Very Muscular).



tissue or make blood, but are burned up in the body to keep it warm and supply the power to do work. They can be converted into body fat which is reserve fuel. The bones are rendered solid by the mineral matter of the food. A growing animal that is fed little *proteid* therefore will have weak blood and will *not be sturdy* although it may be quite *fat*.

The disease known as rickets so common among artificially fed infants, is the result of giving food deficient in blood and tissue building elements. The babies are often very fat but have little strength and readily take diseases to which they are exposed.

cannot be made from fat and carbohydrates, animals that grow rapidly need milk rich in proteid, and mineral matter for the bones, and we find that a calf which grows very much faster than a baby receives milk from the cow which is about twice as rich in proteids and mineral matter as the milk the baby naturally receives.

It has been found that the milks of all animals not only develop the stomachs of the young but also contain the food elements in proportions suited to the rapidity of the growth of their offspring. It is easy, therefore, to see why cow's milk does not suit infants without preparation.

(To be continued.)

# The Nursing of Children in Private Practise

Sara Hueston Rogers

Former Superintendent of St. Andrews Infirmary for Women, New York City

**T**HE sick child in the hospital ward, with the companionship of little Tom, Dick and Harry in neighboring cots, the hospital routine, and the doctor's rounds is quite a different patient from the child in private practise.

The qualities that are requisite for a successful nurse, tact, patience and firmness, ought to bring success in the nursing of children, but there are, we well know, excellent nurses who have failed utterly in winning the love and confidence of a child.

Children, according to a good authority, "are little savages, at least are born so, and are only civilized as their environment is civilized; they are naturally observant, they observe then imitate, and thus the child life is developed." But the sick child within the narrow limits of the sickroom is doubly observant; they will detect very quickly a mechanical, businesslike artificiality and feel forced attention and neglect more than an adult.

There is not much reality in a child's life, even their work or study must have an element of play in it; in other words, sugar-coated.

The solicitude of fond parents, which is natural and pardonable where it does not lead to interference, is one of the trying things to be met, and one of the first to contend with. The mother, no doubt, has had the care of the child before a nurse is called, she has been keeping a record in a small way and taking its temperature, etc.

Shall she spend most of the time in the sickroom? Shall she know the child's temperature every time it is taken? A London physician writes, "You have no idea of the domestic alarm and unrest the clinical thermometer has caused."

A clinical thermometer in the hands of a mother may cause as much unhappiness in a household as a toy pistol in the hands of her boy. Sometimes, he says, he forbids a child's temperature being taken by a mother, especially when he had reason to believe that it would be high and so inevitably cause alarm.

Of course the physician on the case can help in a great many instances to solve these delicate questions, and the nurse with gentleness and decision can generally gain the day.

In contagious cases the necessary isolation gives the nurse more control; the child, deprived of the companionship of relatives and playmates, brings a nurse's faculties into play to plan and devise amusement during the long convalescence, while yet in quarantine, and a nurse is often at her wit's end to know what to do next.

It is well to get a child interested in the routine of the sickroom.

The ventilating process, morning and evening, has been made quite a ceremonial, and even mother had to be called in to see her boy in a tent, the tent consisting of a blanket suspended from the head of the bed.

An umbrella raised while airing the room pleases some children.

The morning bath in bed for a little three-year-old was made a joy forever, by setting the basin in bed on a piece of rubber sheeting and letting the little one paddle his feet about to his heart's content.

It is always well to get the disagreeable things necessary to be done all at one time: treatment, medicine, temperature, pulse, and very often food can be given at one time. Children resent being fussed over.

How hard it is to make some children take medicine and nourishment, how many little ones seem to lose almost their chance for



life by steadfastly shutting their teeth and refusing to swallow. In a young child, too young to be coaxed or reasoned with, force must be used and holding the nose, which insures an open mouth, must be resorted to.

When a powder is to be given to an infant, if it is put on the end of the spoon, not in the middle, with a drop or two of molasses or any sticky substance, and then when the spoon is inserted in the mouth it is quickly turned over and wiped off on the child's tongue, we cannot help but get the prescribed dose taken.

Do not be above catering to a child's whims, or at least a few of them. Bread cut in strips and houses built, tiny sandwiches

made, odd dishes, and odd ways of serving often win our way to the heart of a sick child.

There are some nurses who say they never have any trouble in nursing children. Never any difficulty. They are certainly fortunate young women—but if they do not actually have difficulty, surely they have had times when it took all the tact they possessed to avert it.

The nursing of children is a particularly interesting branch of a nurse's work, and the physician is quick to note a nurse's success on a case, and keeps her busy looking after his ailing little ones.

## Prevention of Blindness at Birth

The inflammation of the eyes of new-born infants is a contagious disease, which can only be cured if taken in time and treated with proper care under a doctor's direction. Many thousands of children have lost their sight from this cause, and it has been found in England that thirty per cent. of the pupils in schools for the blind were blinded by neglect or wrong treatment of this disease.

The following directions for treatment are most important:

1. Immediately after the birth of a baby, before doing anything else, wipe the eyelids and all around the eyes with a clean, soft, *dry* linen rag, and soon after wash these parts with warm water.

2. Do not expose the baby to cold air, as cold is one cause of this eye disease.

The disease can be easily known by redness, swelling and heat of the eyelids, and by the discharge of yellowish matter from the eye. *Immediately send for a doctor*, and keep the eyes as clean as possible by gently washing away the matter every fifteen minutes, both by day and night. *It is the discharge of pus that does the mischief.*

The washing is done thus:

1. Hold the eyelids apart with finger and thumb and let a gentle stream of warm water run

between them from a bit of fresh rag or cotton wool held a little above.

2. Then move the eyelids softly up and down and sidewise to bring out the pus from inside and wash it off gently.

3. *The saving of the sight depends on the greatest care and cleanliness.*

Each rag must be used only once and then burned immediately; a separate rag must be used for each eye.

4. A little vaseline or lanoline should be occasionally smeared along the lids to keep them from sticking.

5. If only one eye is diseased, the child must be laid on the side of that eye, so that the pus may not flow over the nose into the other eye.

Since the pus is highly contagious, the nurse must carefully wash her own hands after touching the diseased eyes.

The poison of the pus is far more dangerous in the eye of the adult than in the eye of the infant.

*Caution.*—Do not use any lotions or poultices without the advice of a doctor.

This leaflet is issued by the Massachusetts Association for Promoting the Interests of the Adult Blind, which owes thanks for information and material to Henry J. Wilson, Secretary of Gardner's Trust for the Blind, London; Prof. Dr. Fuchs Vienna; Prof. Dr. Axenfeld, Freiburg, Baden; and Dr. John A. Tenney, Boston.

# Information for the Obstetrical Nurse—Previous to Confinement

S. Virginia Lewis, M.S.N.

Author of "Nursing," a Hand-Book for the Untrained

## FIRST PAPER

**W**E SOMETIMES hear it expressed that lying-in patients got along without modern medical and nursing treatment in years gone by. They did get along; and some—too many by far, got along in the direction of the cemetery, which is a fact so frequently lost sight of.

In all walks of life are to be found those who are willing to take unnecessary risks. Some will expose themselves needlessly to contagion, for example; a number may escape, while others succumb. Even allowing that the majority come out unharmed, does that prove the wisdom of useless risk?

No matter what may be said of the personal taking of chances, no one has the right to impose such upon his fellow man—no nurse has the right to subject her patient to any risk whatever.

In refutation of the statement we hear too commonly among the laity, that women got along "just as well" before the days of asepsis and antisepsis, we have only to regard the following statistics, and some relative matter which I shall quote:

"It was a bright day for women when the leaders of scientific investigation in the medical profession announced the discovery that the infectious fevers were caused by minute organisms called germs, or pathogenic bacteria; for it was only by the discovery of the cause of child-bed fever that we were enabled to successfully prevent its occurrence.

"To show you the importance of this subject, I will quote the figures for New York city alone. 'From 1868 to 1875, there were 3,342 deaths incident to child-bearing. Of these deaths, 1,947 were due to child-bed

fever infection in the lying-in period.' Fully half of the deaths, therefore, that occur at the confinement period, are due to infection, septicemia, pyemia, or blood poisoning from germs getting into the system through the abrasions caused by parturition. You must always remember that aside from any other lesion there is always, after confinement, a large raw surface left on the interior of the womb by the separation of the after-birth, which is one of the most dangerous culture fields known to medical science for the growth of disease germs, and their ready entrance into the woman's system.

"For the proper and successful care of the mother at this important period of her life, *it is of the greatest importance that you not only understand, but apply the principles of asepsis.*

"Since the alert members of the profession have thoroughly comprehended the importance of this subject, child-bed fever has been so rapidly diminished in frequency as to arouse the hope of making a case a rare curiosity.

"My own experience in this matter during a practise of twenty years, in which I have endeavored to apply the principles of anti-septic practise, has been that I have had but one case of puerperal fever, and not a single death from this or any cause connected with the confinement period.

"How, then, shall we," etc., etc.

No one, or so it seems to me, could fail to be impressed to conviction with these statistics, these incontrovertible deductions; and whenever I hear a Betsy Prig (I forget whether Betsy spelled her name with one

"g" or two) pitting her judgment, her experiences, against the wisdom of medical men, it moves me to something akin to indignation toward her, and pity for the patients that come under her merciful (!) manipulations.

The aim of the true physician, unlike that of the charlatan, is to prevent disease wherever possible, as well as to cure it; and the conscientious nurse will, therefore, recognize no less an aim than to put forth her highest endeavors to assist him. To this end, it is to be hoped that she may have opportunity for interviewing her patient at least once before the time of actual necessity. She may make this an occasion for explaining to her the importance of the principles involved in asepsis and antisepsis. Let her counsel her expectant patient to keep clear, if possible, from contagious and infectious diseases, notably erysipelas. Find out whether there are any untoward symptoms, such as swollen feet, dizzy spells, headache, etc., and advise her to report the same to her physician, unless she has already done so.

It is not to be inferred, from these remarks, that the woman is to be needlessly alarmed. Under no consideration should she be influenced to regard herself as in any danger, excepting the danger that is involved in foolishly ignoring certain menacing signs. Assure her that the evils attendant in the past upon motherhood could, in the main, have been obviated. So, while properly impressing her with the importance of observing particular rules, lead her to view her approaching ordeal as something not unmixed with a large proportion of joy.

She may complain to the nurse of pain from distention of the abdominal walls, which may be relieved by thorough inunction of the skin with olive oil, coconut oil, or cottonseed oil.

In a primipara, particularly, you may find the nipples retracted. This is not infrequently the case where women have padded,

or worn too tight corsets. Instruct her to rub her nipples with vaseline, or a substitute, and to draw them out with her fingers several times each day. This will render the skin flexible, and tend to prevent fissures. In applying friction to the breast advise her to direct the movements from circumference to centre.

As the nurse is not always sent for as soon as she should be, the patient should be requested to have on hand about three gallons of water which has been sterilized by boiling a few minutes. This she must place in clean vessels, rendered so by rinsing in boiling water, and covered securely to keep out dust. With proper calculation the contents of the vessel or vessels will have cooled sufficiently by the time the doctor arrives; if not, no cold unsterilized water must be added, and obviously; though unskilled attendants are apt to do this very thing. Besides the cool water will be required a kettleful placed upon the stove to boil. It is to be hoped the nurse will have arrived in time to attend to these matters.

#### CONTENTS OF THE NURSE'S OBSTETRICAL BAG

Certainly the physician is supposed to come provided with some of the articles which I shall herein mention; yet, for some reason, legitimate or otherwise, he may arrive unprepared. Then, too, every patient cannot afford to secure even necessities; and what comfort, what freedom from anxiety does the provident nurse guarantee for herself and all concerned.

These are among the things which nurses like to take with them: A fountain syringe, a hypodermic syringe, two catheters, one of glass, the other of rubber; graduated medicine glass, medicine dropper, nail brush, scissors, sharp and dull; a reel of heavy white silk or strong narrow tape for tying the umbilical cord; safety pins in two sizes, a jar of aseptic petrolatum, small bottles

containing boric acid powder, bichloride tablets, carbolic acid and creolin, for making solutions; small bottles containing ergot, brandy, aromatic spirits of ammonia, two or three ounces of chloroform, five or six ounces of ether, and about three ounces of olive oil; small package of plain absorbent cotton, and one of salicylated cotton; one or two yards of aseptic gauze; a clinical thermometer, a bath thermometer, record blanks, chart blanks, an obstetrical gown, a roll of

surgically clean old muslin, piece of rubber sheeting, one yard square; dressing forceps, half dozen towels, an abdominal binder, a hot-water bag, and a double apron of flannel to wear when bathing the infant.

It is not to be inferred, of course, that all the paraphernalia enumerated shall accompany the nurse on any one case. An extended list is given from which she may make selections appropriate to her different requirements.

*(End of First Paper.)*

## Labor and Pregnancy

**Alice Sipple**

Pupil Nurse at Parker Memorial Hospital Training School, Columbia, Missouri

**T**HE most wonderful thing in nature is the reproduction of the species.

The golden pollen of the blossoms we admire so much is the fruitful source of new life. Hundreds of starry-eyed flowers grow where once there were but few. The great acorn tree is mother of a forest. The animal kingdom, following the same law of nature, multiplies itself many times during a lifetime, be that period long or short.

The most wonderful example of reproduction is seen in man. A woman conceives, and straightway nature envelopes her in mystery, and silently works wonders.

Perhaps the first symptoms of pregnancy she notices is the cessation of the menses. This is nature's provision for the nourishment of the embryo without depletion to the mother. She soon notices an enlargement of the breasts, with perhaps a slight tenderness, and a darkening of the pigment surrounding the nipple. Soon the dreaded morning sickness sets in. This is nausea and vomiting, due to reflex nerve action, caused by the irritations of the uterus.

We are speaking of a normal pregnancy, yet many distressing symptoms are present in these early months; indigestion, nausea, neuralgia, headache and constipation. At the end of four and a half calendar months the uterus has raised above the brim of the pelvis, and most of these disagreeable symptoms subside. The mother becomes conscious of the movements of the fetus, or what is known as "quickening."

The pregnant woman should have a good appetite, digest her food well, be much in the open air, and sleep well at night. This is necessary, since her nervous system is heavily taxed, and this strain continues for nine months.

At the beginning of the ninth month the woman is suffering from shortness of breath, from the pressure on the thoracic organs. In two weeks more the child has settled in the pelvis so that she breathes easily, but has a constant desire to urinate, with frequent evacuations of the bowels, showing the pressure to have been transferred to the pelvic viscera. The tenth period for men-

struation is labor. For several evenings pains occur that are really false pains. A hot sitz bath will greatly aid in determining the nature of the pains. During these last days a woman should never be left alone for more than a few minutes at a time, as labor may occur at any time.

True labor pains begin in the back and occur with regularity every twenty or thirty minutes. There is frequently a mucous discharge, tinged with blood, warning the woman, as it is a sign that the dilatation of the cervix is taking place. The physician is called at this stage to examine for the presentation of the child. A mal-presentation may be corrected at this time. The nurse gives an enema to thoroughly empty the bowels, thus making the second stage of labor easier and cleaner. If there is time she gives a hot bath and braids the hair in two braids. The bed is then gotten ready. The mattress is covered with a sheet, a small rubber and draw sheet, to serve as a permanent bed. Over this is placed the full sized rubber sheet, covered with a sheet, to be removed after the delivery of the child, and light warm covering for the patient. The nurse has at hand plenty of hot water, anti-septic solutions, sterile dressings, and sterilized scissors and silk for the cord. The nurse's chief duty will consist in renewing the solutions and keeping the linen clean. She will, by her own quiet manner, incite her patient to self-control.

During the first stage of labor the patient is allowed to move about the room as she likes, being urged to keep on her feet. When the second stage begins she is put to bed and the Kelly pad placed under her. The pains change their character and the patient now bears down, seeking to aid nature in the expulsion of the uterine contents. Chloroform is sometimes given during this stage of labor, and assists in relaxing the muscles as well as dulling the pain. As soon as the head is born, if there is time before the next pain, the nurse washes out the eyes with boracic solution and cleans the mouth. When the child is delivered and the cord is tied, she receives it in a warm blanket and lays it in a warm place until the mother has received all necessary attention, looking occasionally to see that it is breathing properly.

The interval between the second and third stage of labor varies from fifteen to thirty minutes. As soon as the placenta comes away it is placed in a covered vessel and kept for the doctor's more careful inspection.

The patient is made clean and comfortable by removing the soiled linen, sterile dressings are applied, and she is watched carefully for hemorrhage. The nurse makes the baby's first toilet, and mother and child are allowed to rest and are kept perfectly quiet until the baby is put to the breast for the first time.



# A Remarkable Case of Pneumonia

Florence E. Mooney

ON JANUARY 13 last I was called to care for a young physician who was ill with double pneumonia. When I reached him his condition was indeed serious. Temperature 105°, pulse 124, respiration 40. He was quite delirious, extremities cold, while his hands, feet and nails were quite black. A jacket of antiphlogistine was at once applied hot, from back to front, over both lungs. Patient had not slept for three days and nights, and had taken no nourishment to speak of. Orders were: Strych. 1-20 gr. q. 3 hrs., whisky  $\mathfrak{J}_{ss}^1$  q. 2 hrs., citrate caffeine q. 2 hrs., hypo. morphia sulp. 1-10 gr. q. 3 hrs., oxygen every half hour for five minutes.

The three doctors on the case called in one of the greatest specialists in New York in consultation that afternoon, and after making an examination, he gave the patient forty-eight hours at the most to live, and the family were so informed.

6 P. M.,	14th,	Temp. 101.8°	Pulse 110	Resp. 40
2 A. M.,	15th,	" 103.6°	" 124	" 40
5 A. M.,	"	" 105.4°	" 140	" 40
8 "	"	" 104.8°	" 140	" 40
12 Noon,	"	" 105°	" 140	" 36

Patient had urinated only  $\mathfrak{J}_{ss}^1$  in twenty-four hours, ordered to catheterize q. 6 hours.

4 P. M.,	15th,	Temp. 105°	Pulse 136	Resp. 36
12 M'dn't	"	" 104.2°	" 140	" 40

Pulse very weak, extremities very cold, not coughing or expectorating at all, color black, patient sinking rapidly.

2 A. M.,	16th,	Temp. 104°	Pulse 140	Resp. 40
5 "	"	" 105.2°	" 160	" 44
9 "	"	" 105.2°	" 144	" 44
12 Noon,	"	" 105.4°	" 144	" 36

Breathing very shallow and labored, pulse very irregular and weaker.

12 M'dn't,	16th,	Temp. 105.2°	Pulse 136	Resp. 32
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Aromatic spirits of ammonia  $\mathfrak{J}_{ss}^1$  q. 2

hrs. and nitro-glycerine 1-100 gr. by hypo. q. 3 hrs. Oxygen every 15 minutes for five minutes.

At 1 A. M. patient suddenly collapsed; unable to get pulse, ceased to breathe for two minutes, color black, entire body cold. Whisky, nitro-glycerine, strychnia, digitaline, and aromatic spirits of ammonia given by hypo. in succession, also oxygen and artificial respiration applied. After two minutes heart answered to stimulants, color changed, pulse began to beat irregularly. Inside of an hour patient was in about the same condition as before collapse.

6 A. M.,	17th,	Temp. 105°	Pulse 140	Resp. 34
9 "	"	" 105°	" 138	" 30
12 Noon,	"	" 104°	" 132	" 32
6 P. M.,	"	" 104.4°	" 120	" 38
9 "	"	" 106.6°	" 162	" 44

Cold sponge baths followed by alcohol sponge ordered every fifteen minutes. Extremities very cold, color blacker than usual, unable to swallow, tongue hanging loosely out of mouth, involuntary defecations every few minutes, while catheter showed that kidneys were not acting.

6 A. M.,	18th,	Temp. 102.2°	Pulse 104	Resp. 30
9 "	"	" 100.6°	" 90	" 22
12 Noon,	"	" 101.6°	" 92	" 24
6 P. M.,	"	" 102.6°	" 104	" 28
9 "	"	" 101.6°	" 104	" 32

Color better, respiration easier and deeper, pulse stronger and more regular, general condition better.

12 M'dn't,	18th,	Temp. 101°	Pulse, 90	Resp. 28
6 A. M.,	19th,	" 101.2°	" 94	" 28
9 "	"	" 102°	" 88	" 32
12 Noon,	"	" 102.6°	" 96	" 36
6 P. M.,	"	" 101.8°	" 96	" 36
9 "	"	" 102.2°	" 108	" 48
12 M'dn't,	"	" 102.2°	" 108	" 34
6 A. M.,	20th,	" 102.2°	" 98	" 34
9 "	"	" 101.6°	" 84	" 32
12 Noon,	"	" 101.8°	" 88	" 32

6 P. M., 20th,	Temp.	102.6°	Pulse	92	Resp.	28
9 " "	"	102°	"	94	"	28
12 M'dn't,	"	101°	"	92	"	28
6 A. M., 21st,	"	102°	"	86	"	28
9 " "	"	101.8°	"	88	"	28
12 Noon,	"	101°	"	92	"	28
6 P. M.,	"	101.6°	"	76	"	28
9 " "	"	101.2°	"	82	"	28
12 M'dn't,	"	102°	"	94	"	36
6 A. M., 22d,	"	100.2°	"	78	"	28
9 " "	"	100.6°	"	76	"	28
12 Noon,	"	101°	"	76	"	28
6 P. M.,	"	101.4°	"	88	"	32
9 " "	"	101.6°	"	88	"	32
12 M'dn't,	"	99.6°	"	69	"	24
6 A. M., 23d,	"	99.2°	"	72	"	22
9 " "	"	98.6°	"	80	"	24
12 Noon,	"	100°	"	80	"	24
6 P. M.,	"	101.8°	"	88	"	32
9 " "	"	102°	"	88	"	32
12 M'dn't,	"	101°	"	80	"	28
6 A. M., 24th,	"	98.4°	"	80	"	28
9 " "	"	98.6°	"	78	"	24
12 Noon,	"	98.2°	"	80	"	24

The doctors on this case thought it a very remarkable one for many reasons. They considered the patient was quite as good as gone when his temperature was at 106.4° also that it was wonderful that he survived the shock of a drop in temperature as great as he had in one night, that is from 9 P. M. to 9 A. M., almost six degrees. When he was first taken ill a rather peculiar circumstance

was that his temperature was low at night and high in the morning, quite the reverse of what is usually the run of temperature in pneumonia.

It was one of the worst cases of pneumonia I ever saw. The patient's color was nearly black almost all the time, his hands and arms being black up to his elbows, as were his feet and legs almost to his knees. His temperature curve makes a very pretty one to look at, and to keep, to remind us that while there is life there is hope. The nurse who was on the case with me said, the morning after he had the collapse: "It is a pity to keep on giving him stimulants to keep the breath in his body when *we know he cannot live*. It is a shame to keep him suffering." I quite agreed with her, and had we been without orders I fear we would have dropped the stimulants, which goes to show that our opinions are not always right, and answers the question so often asked by nurses whether it is our duty to keep on giving stimulants to patients who *we know cannot live*, and who are suffering. I shall always feel in future that I must keep life in the body as long as possible, at all costs, and my sister nurse says she will always feel the same.

### A Warning Sign of Danger to the Child During Labor

Fred. E. Daniel calls attention to the fact that in certain cases the child gasps for air in utero. This is caused by the suspension of the supply of aerated blood. This characteristic movement of the child can be felt by the operator through the handles of the forceps. The first efforts of respiration are double or duplicated—that is, they are repeated twice in quick succession. This movement is sudden and spasmodic. If im-

mediate delivery is impracticable, the movement is repeated, strongly at first and with short intervals, which gradually become longer and the movement weaker till the child dies. The main indication is to deliver as speedily as possible, even at the risk of a moderate amount of perineal rupture, though the writer prefers to sacrifice the child to producing a very extensive rupture.—*British Medical Journal*.

# The Long Island College Hospital and Training School \*

Lucy M. Sargent

Class of 1894

THE very beginning of interest in hospital work in the city of Brooklyn, naturally enough, seems to have sprung up in the Kings County Medical Society, when in 1835 their president called attention to the fact that nowhere in the city was there either a public or private institution for the care of the sick. A committee was appointed to consider the matter and after four years a small hospital on Adams Street was established. It was called the "City Hospital." Since 1846 it has been known as the "Brooklyn Hospital."

Ten years later—in 1856—the Brooklyn German General Dispensary was organized and occupied a building on Court Street, near Pacific. It was in this institution, on October 27, 1857, that a meeting was held, consisting of the leading men of the dispensary, together with others who had become impressed with the advantages of combining medical instruction with practical work, which led to the establishment of the Long Island College Hospital. In November of that year the German General Dispensary passed out of the hands of its organizers and became the "St. John's Hospital," a name which it retained but a few weeks, for in December we find the name again changed from the "St. John's College Hospital" to the "Long Island Hospital and Medical College." The act of incorporation, under date of March 6, 1858, presented the name which it has since borne: "The Long Island College Hospital."

A committee on location was at once appointed and the Perry property, the present site of the hospital, was speedily secured at a cost of \$31,250. Early in May the build-

ing on Court Street was vacated, and it was probably about May 15, 1858, that the Long Island College Hospital was formally opened with twenty-five beds, in the old "Perry Mansion."

An inaugural festival was held on June 3, at which about two hundred of the leading citizens of New York and Brooklyn were present. In the opening speech the Hon. Samuel Sloan—the first (and for six years afterward) president of the Board of Regents—thus presented the objects for which the Long Island College Hospital had been organized: "The institution whose inauguration we this night celebrate owes its existence to a few warm and generous-hearted citizens of German birth, who designed at first to minister to the suffering poor in a thickly populated portion of our city. In this effort, their devotion, zeal and attention soon enlisted the sympathy of others, who, with their united energies, have in a very few months soothed the suffering and administered to the relief of nearly two thousand applicants."

He then read a circular letter which had been sent out earlier in the interests of the hospital, an extract of which follows: "In the establishment of this public charity it is proposed to furnish, first, a hospital with an in and out-door department, for the treatment of medical and surgical cases; second, a lying-in department for the poor and unfortunate; third, a corps of regularly educated and licensed nurses; fourth, a college where all the branches of medical science shall be taught and illustrated and where medical students can be practically trained."

A few of the names most intimately con-

\* Read at the luncheon given by the graduates to Miss Ida L. Sutcliffe, April 7, 1904. and contributed to THE TRAINED NURSE.



nected with these early days are those of Drs. Louis Bauer and Daniel Ayres, founders of the German Dispensary and members of the first college faculty. The first council consisted of Drs. Chauncey L. Mitchell, William H. Dudley, Theodore L. Mason, and John Byrne. The officers of the first Board of Regents were: Hon. Samuel Sloan, president; S. W. Slocum, vice-president; C. N. Bovee, secretary; and Cornelius Dever, treasurer.

The first addition to the original building was opened November 7, 1858. The following year was one of many struggles. Early in 1859 measures were taken looking to the organization of a college department, but in September the treasurer reported debts exceeding five thousand dollars, and it was resolved, "That no new patients be received, excepting cases of accident." Later, when on October 5 the "joint board," consisting of the members of the council and faculty, and comprising a college committee, reported to the Board of Regents their nomination of candidates for appointments to the professorships, the Board of Regents approved their report, but "felt compelled through financial embarrassments to reluctantly return the same without further action." The hospital was practically closed for a time and it seems to have been only through the untiring and most self-sacrificing efforts of the college committee as a whole, and particularly of Dr. Dudley, that the day was saved.

After receiving further communications from the committee, the Board of Regents reconsidered its action and confirmed the proposed appointments. The hospital property was sold to Dr. Dudley on June 12, 1860, and remained in his name until May 11, 1865, when the hospital authorities were again able to assume responsibility for it.

The first course of lectures to students began on March 30, 1860, and on July 24 was held the first commencement, graduating

a class of twenty. The year 1862 found the hospital caring for many of the sick and wounded soldiers of the Civil War, it being reported at a meeting of the Board of Regents that "one hundred and twenty soldiers had been received in the first installment, and subsequently ninety-one more," the Government paying six dollars per week per soldier.

In 1864 the first hospital superintendent was appointed. A visiting committee in 1865 recommended that the "stable rooms on Pacific Street be converted into a dispensary," and the committee was authorized to make the necessary alterations and to appoint a "matron at a compensation of two hundred dollars per annum." A wing on the Pacific Street corner was opened to the public on March 18, 1869, and the following year authority was given for the erection of a corresponding building on the Amity Street side, for the "accommodation of additional United States sailors."

In 1881 the original portion of the hospital, consisting of a one-story wooden structure, facing Henry Street, was torn down and replaced by the present two-story brick. At about this time, also, the amphitheatre was opened. In 1884 the Regents authorized the construction of a new building for the lying-in department and for a nurses' home. The maternity wing was opened in 1885.

The more recent acquisition of the Hoagland laboratory in 1888; the Polhemus clinic opened January 5, 1897; and the Dudley memorial, built by Mr. Henry Maxwell for a nurses' home, but temporarily used for private patients, bring us to the present day anxiously awaiting the fulfillment of the promised new hospital.

Little has yet been written concerning the training school for nurses—a branch of the hospital life and progress in which we to-day are especially interested. The few facts, gathered from record or reminiscence, tell us that in January, 1880, Mr. W. J. Osborne

offered a resolution referring the subject of the employment of trained nurses in the institution to a committee consisting of Messrs. Praeger, Dudley and Keutgen, which committee reported that "it was not advisable at the present time to enter into the scheme." In May of the same year, again on motion of Mr. Osborne, the subject was once more submitted to the same committee, who seem to have taken no action upon the matter until 1882, when the Society of Trained Nurses of Brooklyn expressed, through Dr. Mitchell, a wish to undertake the charge of nurses in the Long Island College Hospital."

The committee approved of this plan, and on June 5 it was adopted by the Board of Regents. For nearly a year the nurses were brought down every morning in a stage from the Brooklyn Hospital and taken back at night. The plan seems not to have worked too well, however, for in 1883 the nurses of the society were withdrawn and a committee was instructed to take the necessary steps to establish a training school.

It was at this point that Miss Irene H. Sutcliffe was chosen to undertake the work of organization. She began her duties as superintendent on May 5, 1883, and found, as material for the foundation of a training school, a few over-crowded wards (there being three rows of beds in each ward); nine nurses, one a graduate; five who had had *some* training, and three probationers. There were three orderlies, the one on night duty acting as orderly, engineer and watchman. In the wards the convalescent patients had to sit on stools without backs.

One little picture of this period must not be omitted. Miss Sutcliffe writes: "I well remember the large medical ward with its one inexperienced probationer, whom I found one day feeding a very ill typhoid patient custard pie. She said very innocently, "Why, I thought custard pie was easily digested."

"In those days they had only straw beds and pillows, old brown spreads, insufficient bed linen, and the greatest difficulty in getting supplies or dressing (excepting oil and oakum)."

Another incident, which Miss Sutcliffe perhaps has not forgotten, occurred in relation to a few pairs of blankets that had been donated to the maternity. Miss Sutcliffe proposed using them in the private rooms where they would not require so frequent washing, but Dr. Brown, the warden, insisted upon their being sent to the maternity, and he succeeded in keeping them there during the remainder of his term of office. As he was taking his final departure he said, "Remember, Miss Sutcliffe, those blankets are to remain in the maternity," and Miss Sutcliffe replied, "Dr. Brown, you will not be a block away before those blankets will be on the private floor."

The first class of nurses was graduated at the end of Miss Sutcliffe's first year, and consisted of four members—Miss Whiting, Miss Neal, Miss Von Aix, and Miss Faucett (one of the five "partly trained nurses" having been dropped).

After two years of exceedingly difficult, but most efficient work, Miss Sutcliffe was called to take charge of the New York Hospital Training School, and her place in the Long Island College Hospital was immediately given to her sister, Miss Ida L. Sutcliffe, in recognition of whose eighteen years of service in the beloved old place we have met to-day.

Under her administration the training school has steadily grown. From the mere handful of nurses, with almost nothing to work with at the beginning, it has become the largest school in the city, now numbering about sixty pupil nurses.

Many classes have come and gone. Over three hundred nurses have been trained, graduated and sent forth into the field of action to live their lives and do their work. In 1895 the alumnae association was organized

and now has more than a hundred active members, with a Registry and Alumnae Home, opened May 1, 1903, of which we are all justly proud.

During the years much hard work has been done and many are the patients who have come under our notice and care. Not all of them have recovered, not all of them have gone away satisfied that the *best* had been done for them. We cannot boast that never was there mistake made by physician or surgeon, that never was there lack of consideration shown for the rights or interest of the patient, that always were the nurses patient, proficient and faithful; but we do believe that from its infancy the Long Island College Hospital has been characterized by devotion to the welfare of its patients, that its founders and those who have since been at the head of affairs have understood that it "is better to give than to receive," "to minister, than to be ministered unto," that he is greatest of all who renders greatest service to all.

May no false notion of selfish interest or of worthless dignity ever find place among us to mar the influence or spoil the teaching of those whose lives have embodied the sentiment of that line of George Herbert's:

A servant with this clause  
Makes drudgery divine;

Who sweeps a room as for Thy laws  
Makes that and th' action fine."

We feel that Miss Sutcliffe's resignation marks the closing of the first great chapter. We cannot think of the hospital apart from her who has been the guiding influence of all our lives and work within its walls.

Impartial history can never be written without the ripening effect of time; and I find my powers entirely inadequate to tell, as I would, of the faithful work accomplished through the years; of our appreciation of all the kindly interest manifested in our work and in our personal lives, and of our earnest hope that the coming years shall be filled with abundant blessings.

Almost half a century has passed since the establishment of the Long Island College Hospital and the years have witnessed steady growth and improvement—a reward which the honored and faithful founders and promoters of the institution well deserve.

A new era is dawning—we hope for a brilliant future and welcome eagerly every sign of advancement; but no matter how imposing our buildings may grow, nor how excellent the equipment or management may be, nor how great the achievements—we, who have been associated in the old days—will remember them with an affection which no pride in the future can equal.

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### Ready Examination of Urine

The following method simplifies the examination of the urine to a great extent:

Put a drop on a strip of white filtering paper, heat it slowly and carefully, and if sugar be present, the spot dries with a yellowish-brown to a deep brown, depending on the amount. If albumin be present the color is yellow, merging

perhaps into yellowish-red. Chloroform is a test for bile. A few drops added in a test tube will become turbid and acquire a yellowish tint, darker or lighter, according to the quantity of bile present. Perchloride of iron develops a blue tinge if the patient is a morphine eater.—Exchange.

# Department of Army Nursing

Dita H. Kinney

The lack of incidents connected with the Army Nurse Corps has been the occasion of two months having been allowed to pass without any contribution to the Department of Army Nursing in this Journal.

If the anachronism of Christmas news at Eastertide can be overlooked, a little quotation from a Philippine letter will not be without interest. It says: "We had a little Christmas tree in our own room—just five of us. The room was pretty with red screens and lanterns and bright Moro covers on our beds. The tree itself was a silly little thing that wilted. It was full of paper chains and 'really truly' popcorn (a thing almost unknown in the Philippines), and red apples and rag dolls. The dogs all had gifts and Jack's special favorite was a fine yellow canary whose feathers came off and which squeaked when he chewed it. There was a dear little silk dressing sack and some books and a lot of foolish things. This was on Christmas Eve. After the tree was denuded, we all went to midnight mass. The music was rather good and the old Cathedral wonderfully beautiful."

The chief nurse in Iloilo writes of frightful hard work, with dances and receptions as an offset.

It would seem as if the days of marrying and giving in marriage were always with the Nurse Corps. As we write a most interesting one is pending, and a nurse who has already been congratulated in these pages writes of her new house: "We are on the extreme edge of the town and yet only five minutes from the station. Before us are fields and farms and woods, and more and more of all, way on and on. The house

is three-storied, cozy and lovable, and our pride and joy in it is beyond the telling. What will you think when I tell you that we do our own work? Mr. ——— grows an expert at firing as I do at cooking. The library is mission furniture, the dining-room colonial mahogany, and the kitchen *a gem* in which I have carried out all my pet ideas until Mr. ——— declares that it looks exactly like a surgery save that the glass jars contain dried peaches and noodles in lieu of sponges and kangaroo tendons. I am sure you will enthuse over it, and above all it is CLEAN."

May all members of the Army Nurse Corps come in time to their own, and be as happy in the possession of such admirable and attractive things as the owner of this little home seems to be.

On February 2, three years had elapsed since the passage of the army reorganization bill, which created the Nurse Corps as it is to-day. With the expiration of this time the terms of many of the nurses expired. Most have asked for an extension of their compact with the Government, some have requested for discharge. Among these are Nurse Amanda J. Armistead, who has the distinction of having had the longest continuous service of any nurse, namely, five years and ten months. There are at the present time most interesting reports in the air concerning Miss Armistead and which the next issue of THE TRAINED NURSE will probably see verified.

Miss Vena E. Richmond, who has had five years and seven months of continuous service, asked for discharge on account of the death of her father. Our heartfelt sympathies are with her. Miss Richmond writes, in con-

nection with her discharge: "I feel that I have seen and learned much of life during my connection with the Army Nurse Corps that will be invaluable to me later on. It so happens that few of the disagreeable things which have come to the nurses have actually happened to me, and it seems like leaving home to ask for discharge after five years and seven months of continuous service, and nothing but necessity would induce me to do so." Miss Richmond has accepted a position in Sonoma County Hospital, Santa Rosa, California.

Nurse Willessie M. Perkin, on duty at Fort Bayard, New Mexico, requested discharge after three and one half years of continuous service.

These nurses have all been replaced by re-applicants, two of whom have been assigned to duty at the Presidio, San Francisco, namely, Cecilia McHugh and Mary L. Campin; and Nurse Laura L. Lindley, also a re-applicant, has been sent to replace Miss Perkin at the General Hospital, Fort Bayard, New Mexico.

Other discharges have been Nurses Ida L. Thompson, for ill health; May B. Innes, on account of the failing health of her mother; and M. Inez St. Cloud, who expects to be married during the month of April. These have been replaced by Eleanor Langstaff, graduate of the Rochester City Hospital, Rochester, N. Y.; Annie M. Hammett, graduate of the Maryland Homeopathic Hospital of Baltimore, and Cora A. Beidler, graduate of the Reading Hospital, Reading, Pa.

The transport *Thomas*, which left Manila February 15, arrived in San Francisco March 15, bringing Nurses Bessie B. McNaughton and Agnes Sweet for discharge, both having completed a long term of service.

The transport *Buford* left San Francisco March 10 having on board Nurses Mary E. Craig and Edith Young Griggs. Miss Craig has already had one term of foreign duty and

three years at home. She returns to the Philippines for her second tour.

The *Logan*, which left San Francisco April 1, took Miss Julia Wollpert.

Nurses Anna B. Chamberlin, Helen Grant Hunt, and Nellie Moore reported at the First Reserve Hospital on January 26 from the transport *Thomas*, and from latest reports were awaiting assignment.

Nurses Edith A. Mason and Eva Dora Weber, recently arrived in the Philippines, have been assigned to permanent duty at the First Reserve. Frances B. Storry has been transferred from the First Reserve to duty at Iloilo. Cora L. Snell has been assigned to duty at the Convalescent Hospital, Corregidor Island, from the First Reserve, Manila. Nurse Gretta B. Meuser, having been a patient at the hospital at Iloilo, has been ordered back to Manila to report to the commanding officer, First Reserve, for further observation and treatment.

Nurse Mattie Porter Pannill, Army Nurse Corps, was operated for appendicitis January 27, at the First Reserve Hospital. Nurse Helen Grant Hunt was operated for the same trouble the following day. At latest reports both patients were doing well.

The chief nurse at the First Reserve writes: "There is great excitement here over the Russo-Japanese war, and all of us are wishing that Uncle Sam could go over and help the Japs. Then some of us would probably get some interesting work. I am sure many of the nurses would like to go from here if the occasion should arise."

Authority has been given by the Surgeon-General for the employment of a dietist-at-large for the place at Fort McDowell in the Hospital Corps School of Instruction. This place was formerly filled by Miss Armistead, and on her being relieved from duty, Miss M. Estelle Hine, Army Nurse Corps, was assigned to duty. Authority for the employment of another nurse, not a member of the nurses corps, was given in February, but

nothing has as yet been reported as having been done in the matter.

It is more of a regret than there are words to express that Congress should have failed to enact a law which would allow the members of the Nurse Corps cumulative leave and an increase of 5 per cent. pay for each three years of service. These changes, recommended by the Surgeon-General to the Senate Committee on Military Affairs, were heartily endorsed by that committee. The changes, however, failed to pass the House and were, with other amendments to the army appropriation bill, referred to a conference committee where they met their death blow. While the superintendent expected, perhaps too confidently, to be able to report this month upon the successful passage of this law, it is at least something to have gained the support and sympathy of the Senate in the matter, and nothing remains but to swallow our disappointment as well as we can, and hope for better things next year.

There seems little or no prospect of the enactment during the present session of any law authorizing the nurse corps for the navy.

It has been a source of much surprise and no little disappointment that the nurses at large throughout the country have not responded in larger numbers to the call from

this office for the "Eligible List of Volunteer Nurses" to serve our country in time of war or national calamity. It is not thought for one moment that should the necessity arise there would be any dearth of hands who were willing to help. It is hard to understand, however, when such a call is made by the medical department of the army, how the nursing profession at large can remain indifferent to it, particularly as the requirements are so few and involve nothing but the expenditure of a little time and thought. I would not have it understood that none have responded to the call, but the number falls far below that which was expected and which there should be upon such a list. The scheme met with the unqualified approval of all the superintendents of the training schools, as testified to by their cordial letters and offers of assistance received by this office. It would seem as if the *alumnæ* associations themselves had not given the matter the consideration which its importance would seem to demand, both from the standpoint of the needs of the medical department and of the whole nursing profession itself. The scheme was put into execution with the sole view of protection from the employment of those who were incompetent, or who from other reasons would bring discredit upon the whole body of nurses all over the country.

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### American Nurses Arrive

It is reported in the New York *Herald* of Saturday the 23d that Dr. McGee and her party of eight nurses reached Yokohama, Japan, on Friday the 22d. They received a very hearty welcome, and the Governor of Yokohama delivered an address.

# The Diet Kitchen

Mary Caldwell

## SPRING DAINTIES.

With the spring comes the "home grown" vegetables, which are so much more palatable than those from the South that they are hailed with delight. The tender lettuce, radishes, onions and the many salad accessories which tickle not only the palate but also please the eye. Salads are appetizing in such a high degree and are so refreshing that they may be used daily in convalescent diet. A writer on cookery has said: "In no department of cookery is a more analytical study of relative flavors needed than in that of salad making. The greatest care should be observed in handling salad materials, not to destroy their natural flavor by mixing together those which do not make a harmonious combination, or by using with them an inappropriate or too highly seasoned dressing. Each kind of vegetable fruit, meat or fish designed for salad making should be regarded as belonging to a distinct class; and its peculiar requirement in that direction should be considered, and only such things be mingled or served with it as will best develop its especial flavor and render it most appetizing and attractive. Salad can be made so beautiful as to lend a charm and grace to its surroundings, and so delicious that when daintily served it will go far, of itself, to redeem from utter failure a very ordinary meal."

Salads for the invalid must be simple. A few leaves of lettuce, dressed with a French dressing, occasionally a slice of Spanish or Bermuda onion may be added and the dish can be garnished with radishes; or potatoes, with onions and parsley dressed with oil and vinegar, give a fine relish to the meal, and as the season advances asparagus and tomatoes will serve their turn.

## FRENCH DRESSING.

One teaspoon salt, dash red pepper, quarter saltspoon black pepper, three table-spoons olive oil, one tablespoon vinegar, mix all well together and pour over salad just before serving.

## MAYONNAISE DRESSING.

Yolks of three fresh eggs, one teaspoon salt, one teaspoon sugar, one half teaspoon dry mustard, dash of red pepper, juice of half a lemon, quarter cup of vinegar, one pint of olive oil and one cup of whipped cream. Mix the yolks, salt, sugar, mustard and pepper together, then add the olive oil a teaspoonful at a time, beat continually, adding the lemon juice and vinegar a teaspoonful at a time as it becomes too thick to beat; when all the oil and vinegar have been used set away in the ice box and just before dressing your salad add the whipped cream; it must be very dry and stiff.

## TARRAGON VINEGAR.

Put one pint of tarragon leaves into a jar with two cloves and three pepper cones and one pint of vinegar. Let it stand for three weeks then strain and use a small amount in any salad dressing.

## LETTUCE SALAD.

Wash the lettuce in ice cold water, drain thoroughly and dress with French dressing.

## ASPARAGUS SALAD.

Dress tender cooked asparagus with French dressing and add one tablespoon vinegar.

## ONION SALAD.

Take Bermuda or Spanish onions, peel and cut them in thin slices, cover with one tablespoon of sugar, one teaspoon of salt and some ice water, let them stand in the ice box several hours, then drain and dress with French dressing. Serve on lettuce leaves.

## CELERY SALAD.

Soak the prepared celery in cold water until chilled and crisp, then cut the tender white portions into dice and dress just before serving with mayonnaise dressing.

## TOMATO SALAD.

Select medium sized ripe tomatoes, peel and cut them in slices two thirds of an inch thick, dress them with French dressing, to which has been added half a teaspoon of onion juice. Serve on lettuce leaves.

## TOMATO SALAD FARCE.

Scald the tomatoes and peel them; then put them on ice until thoroughly chilled. Scoop out the inside with pepper and salt.

Fill the centre with a salad made of boiled rice, dressed with mayonnaise dressing, garnish with a tuft of lettuce. Serve on lettuce leaves.

## SWEETBREAD SALAD.

Soak and parboil the sweetbreads, cut them, when cold, into dice, add to them half as much celery as there is sweetbreads, dress with mayonnaise dressing. Serve on lettuce leaves.

## FISH SALAD.

Pick cooked fish into slices suitable for serving. To each cupful of prepared fish add one hard boiled egg chopped fine, dress with mayonnaise dressing. Serve on lettuce leaves or garnish with water cress.

## WHIPPED COFFEE JELLY.

Place one pint rich cream on the ice, while that is getting thoroughly chilled take one third box of gelatine. Pour over this a coffee-cupful of strong and clear coffee seasoned with extract of vanilla. Thin orange peel can be used if a very delicate flavor is preferred. Stir until thoroughly dissolved and smooth, sweeten to taste and set by to cool. Whip the cream to a light froth with a Dover egg beater. It should double in quantity. Add very slowly, drop by drop, the coffee, pour into cups or molds which have been rinsed in ice water. Place upon the ice and when stiff turn out and serve with sweetened cream. This is not troublesome to make if a little care is taken, and is very dainty and delicious.

## HOT SHERRY EGG-NOGG.

Take the yolks of three eggs and add three tablespoonfuls of pulverized sugar. Beat until very light, add slowly, beating all the while, six egg shells full of sherry wine.

Cook slowly until very thick. It has to be watched carefully or will curdle. Serve in wine glasses. This is nutritious and very good for convalescents.

## RICE MOLD.

Boil one cup of rice in one quart of water, with half a teaspoon of salt, for twenty minutes, then drain and add two cups of milk; simmer until the milk is absorbed. Butter some molds, line them with scraped maple sugar, then fill them with the hot boiled rice, set away to get cold; when cold turn out on a dish and garnish with whipped cream and spoonfuls of scraped maple sugar.

## RICE PUDDING FROZEN.

To one cup of rice boiled in milk, add half a cup of sugar, one tablespoon of vanilla flavoring, a saltspoon of salt, and one cup of whipped cream; pour into a mold and pack in salt and ice for three hours. Serve with whipped cream.



# Editorially Speaking

## ORGANIZATION AND REGISTRATION

The organization movement is still advancing. On March 16 the Louisiana State Association of Graduate Nurses was formed with a membership of sixty-three nurses. Michigan has fallen into line, and a meeting of the graduate nurses of the State will be held in Detroit on May 10 for the purpose of forming a State Association. One of the objects of both these associations will be to secure proper State legislation for nurses.

The nurses of St. Louis have formed an association for the mutual benefit of local nurses, and for the entertainment of visiting nurses during the World's Fair. St. Louis nurses have not before had a permanent organization, and this may serve as a nucleus for a State Association at some future time.

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Apropos of organization and registration, we were much surprised a few days since to have a nurse ask us if we were opposed to registration, as she had been told that we were. We cannot imagine that any one could make such a statement to a nurse, except with malice aforethought, for it is well-known, especially to the older members of the profession, that the questions of organization and registration were first presented through the columns of *THE TRAINED NURSE*, and that whatever has been accomplished along these lines is the result of the pioneer work of this magazine and its constituents.

From its inception, *THE TRAINED NURSE* has pleaded for organization and registration, and those who have access to the early volumes will find that in nearly every issue some reference is made to these subjects. For the benefit of those who have no way of looking up this matter, we quote the following from an editorial published in 1893: "Perhaps there is no law to prevent persons calling themselves 'Trained Nurses.' Is there no

public opinion also? Are not *you* superintendents, and *you* hospital managers, who take these young women and promise them a diploma that shall mean something, are not you responsible for this sort of thing? If six tenths of you would take hold of this question of organization and registration, the deed would be done." This is only one of the many appeals that were constantly being made by this journal.

*THE TRAINED NURSE* has always stood, and stands to-day, for *Right and Justice*. When nurses or organizations of nurses have not followed in these lines, then *THE TRAINED NURSE* has opposed, and will continue to oppose. We have never at any time opposed State registration for nurses, but we have opposed the methods employed by some individuals in connection with State societies. We object to foreign interference in a State society. We believe that the nurses of a State must be the best judges of affairs in their State, and of the conditions they will have to meet in seeking legislation. They should therefore be allowed to form and manage their societies as seems to them best. Wise advice should always be gratefully received, but autocratic dictation can be considered only as unwarranted impertinence. We object to having a State society used as a means to gratify personal vanity and ambition, or private business enterprises. If a few nurses are allowed to use a State society as an advertising medium, then the privilege should be extended to every nurse. We object to having outside matters brought into a State society, that have no bearing on its work, and can in no way benefit the society, but which only serve to create ill feeling and dissension among the members, and thus weaken the association. Little can be accomplished by a divided house. It needs the strength that

comes from perfect union and harmony to produce good results. We object to putting too much power in the hands of a few. While the result of this method may not be harmful at once, it may be fatal in years to come. We trust that after this statement no one will be in doubt as to our position in the matter of organization and registration.



There seems to be a desire on the part of some to give nurses a wrong impression in regard to the progress that has been made in legislation for nurses in Massachusetts. Several published statements have appeared of a most misleading character. The facts are:

House Bill No. 564, An Act to Regulate the Practise of Professional Nursing of the Sick, was given a hearing before the Committee on Public Health, February 15 (see March number THE TRAINED NURSE). This committee, after consideration, reported, "*reference to the next General Court*," and the report has been accepted by both branches of the Legislature. So the matter is settled and put aside for this session. There was no attempt in either the House or Senate to contest the committee's report.



#### SCHOOL PRINCIPALS AND HEALTH NURSES

We regret to learn that there has been, in New York city, some slight friction between the public school principals and the nurses employed by the Board of Health. It seems that the methods of the nurses do not always meet with the approval of the school officials, and that the nurses have, when spoken to, refused to receive instructions from the school authorities. The nurses feeling that the friction was interfering with the proper discharge of their duties, appealed to Health Commissioner Darlington, who in turn appealed to City Superintendent Maxwell, with the result that Superintendent Maxwell has sent a letter to each of his school principals pointing out the good work of the nurses, and how it not only benefits the chil-

dren and the community, but also the principals of the schools. The letter says, in part:

"In many cases, were it not for such attention the children would not be given proper medical care and prolonged absence, necessitating the intervention of the truancy department, would result. It will be seen, therefore, that the nurses, if given proper opportunity, will aid the principals in maintaining a high percentage of attendance. You are requested therefore to co-operate with these nurses in the proper discharge of their duties. If questions of authority arise please communicate with me, and I will endeavor to adjust matters satisfactorily with the Department of Health."

Nothing could be more fatal to a scheme which has already shown such brilliant results than internal dissension. We hope that under the wise co-operation of Health Commissioner Darlington and City Superintendent Maxwell a spirit of perfect harmony will soon prevail.



#### FOR THE PREVENTION OF TUBERCULOSIS

In connection with that splendid organization, the Visiting Nurse Association of Chicago, Ill., is another, known as the "Committee on the Prevention of Tuberculosis." This committee was organized for the saving of children compelled to live day by day in close contact with a consumptive in a small, unventilated home.

Leading medical men are convinced that compelling patients to live out of doors in the pure air under certain conditions is the most rational and most effective preventive measure in the battle with the white plague. It is upon this idea that the work of the Chicago organization is based. During the six months since the work was started a most thorough system of inspection has been developed by which children are removed from the danger of contracting the disease, and an effort is made to better the condition in their homes.

# In the Nursing World

There is no charge for the publication of news items and reports in this department

## Nursing Notes from Buffalo, N. Y.

The regular monthly meeting of the Nurses' Association of Buffalo, N. Y., was held at the Guard of Honor Rooms, Monday, April 4th. Miss Nye, the president, occupied the chair. Eight new members were admitted, and five applications for membership were read by the secretary. As it was voted that a State Federation Secretary and a Western Federation Secretary be appointed by the president, Miss Mary J. Cole was appointed for the Western Federation, and Miss Louise Drake for the State Federation. Dr. Brownwell gave an interesting lecture on X-rays. The standing committees for the year are as follows: Social, Miss Amy Poole, chairman, Miss Louise Greenwood, and Miss Nellie Ryan; Program, Miss Helen Alt, chairman, Miss Mary Kennedy, Miss Alice Owen; Finance, Mrs. Harriet Storck, chairman, assistants not yet appointed.

The officers of the Buffalo Nurses' Association, were "At Home" to members and all nurses of the city from two to five Monday afternoon, April 11th, at the Club Room, 77 West Eagle Street.

At a meeting of the nurses' alumnae of the Sister's Hospital, officers were elected as follows:

President, Miss Rose Hoffman; vice-president, Miss Antoinette Weber; second vice-president, Miss Mary Nolan; secretary, Miss Harriet Greaves; treasurer, Miss Anna Lynch.

The constitution has been decided upon and copies will be distributed at the next meeting.

Considerable business was transacted at the meeting on April 6th of the Alumnae Association of the Erie County Hospital Training School for Nurses. The meeting was held at the hospital, with the president, Mrs. Gustin Welch, in the chair. Reports from the four standing committees, social, press, membership and sick, were read. Miss Emma J. Keating announced her assistants on the sick committee as Miss McKinnon and Mrs. Edward Bullett. Miss McKinnon named her assistants on the press as Miss L. H. Pfeffer and Miss Keating. Miss Lillian Dark, chairman of the social committee, and Mrs. Edward Bullett of the membership, failed to make their choice of helpers.

It was decided to have every member con-

tribute a small amount monthly to the sick benefit fund, also to have members take turns in arranging an entertainment program for each meeting. The National Association of Nurses will meet in Philadelphia in the Drexel Institute on May 12th, 13th and 14th, and Mrs. Welch was appointed a delegate, with Miss McKinnon as alternate. The State Nurses' Association will meet in Albany on April 19th, and Miss McKinnon was appointed to represent the local association, with Miss Laura Gay as alternate. The roll call was responded to by quotations from Ella Wheeler Wilcox. The responses at the next meeting, on May 4th, will be quotations from Longfellow.

Misses Louise and Gertrude Greenwood, and Miss Railton of 77 Eagle Street, have returned from Watertown, N. Y., where they were called to help with typhoid fever nursing, during the present epidemic. Miss Green is still there in charge of a ward in the High School Hospital.

Miss May Railton and Miss Jessie Robinson sailed for Bermuda April 11th, where they will spend a month resting.

Miss Margaret Davis has returned to Buffalo after a three months' rest at her home in Canada.

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## Spanish-American War Nurses

In THE TRAINED NURSE of March there appeared an account of the proposal by the president of the S.-A. W. N. to take a party of ex-army nurses to serve in the Japanese War. On February 11th, the Japanese Minister at Washington was officially informed that war had been declared and he at once cabled for instructions regarding that offer. The reply was embodied in the following letter received by Dr. McGee.

"LEGATION OF JAPAN,

WASHINGTON, February 16, 1904.

"MADAM: In reference to your offer of the services of a party of American ex-army nurses to assist in nursing the sick and wounded of the Japanese Army, I have now received a telegram from the Minister for Foreign Affairs, informing me that the Red Cross Society of Japan is prepared to accept their services with full appreciation of the high motive which animated you to

make this offer. In doing so, however, I am asked to say the society wishes to suggest that you come over to Japan with a few nurses, as you proposed, leaving the others to be cabled for if the actual necessity should call for such a step, as in the opinion of the society it is still uncertain that such an occasion will present itself.

"I have the honor to be, with high consideration,

"Respectfully yours,

"K. TAKAHIRA."

It is understood, however, that of the many offers of personal assistance which the Japanese received, the only one so far accepted is that of the S.-A. W. N. Dr. McGee received many applications from trained nurses wishing to go with the party, but as one of the chief reasons for the acceptance of her offer by Japan was that all the nurses composing the party had had practical experience in field hospitals of our army, it was impossible to consider others.

The general self-reliant attitude of the Japanese may be seen from their refusal of the services of so famous a surgeon as Dr. Nicholas Senn of Chicago. He has written Dr. McGee about her party as follows: "I am glad you are taking the necessary steps to send trained nurses, as in case of prolonged war they will be needed. You may count on my support in this undertaking." The nurses composing the party are volunteers and no salary whatever is received, although an arrangement for co-operation with the Associate Society of the Red Cross of Philadelphia was effected by which the traveling and incidental expenses of the party are borne.

As only one of the nurses composing the original party of five was from Philadelphia, at the request of the Red Cross the number was increased to ten, that giving a larger representation from Philadelphia.

The Japanese government agrees to furnish quarters and subsistence while in Japan. Though the party goes under the provisions of the Geneva or Red Cross treaty, it is necessary to serve in and to be neutralized by one of the belligerent parties.

Dr. McGee has received a rare courtesy from our government in being given a special passport and letter, such as are given officers of the United States Army or Navy who have been ordered to witness the operations of war.

An invitation had been received to travel on the last Japanese boat, the *Ivo Maru*, but unfortunately the party was detained by land and snow slides in crossing the Rocky Mountains, and the boat was obliged to sail without them.

Their enforced wait in Seattle has been made delightful by the hospitality shown them there and from being guests in the pleasant homes of the city.

Numerous entertainments and receptions have been tendered them.

The nurses comprising the party are: Miss Minnie Cooke, graduated from the Methodist Hospital, Philadelphia. Miss Cooke served for two years in the Municipal Hospital, Philadelphia. She entered the army in 1898, serving in the Seventh Army Corps in Cuba and United States. She served both in the army hospitals, nursing yellow fever, and in the surgical wards of Military Hospital No. 1, Havana.

Mary E. Gladwin, graduate of Buchtel College, Ohio, and from the Boston City Hospital, where her diploma was taken, *cum laude*. Miss Gladwin was for nearly a year at the Relief Station of Boston doing emergency work, and resigned her position as superintendent of Beverly Hospital, Beverly, Mass., to join the party for Japan.

During the war Miss Gladwin was chief nurse at Sternburg Hospital, Chickamauga, and at Macon, Ga. In '99 she went in charge of the nurses on board the *Sheridan* to Manila.

Alice Kemmer, graduate of the Missouri Baptist Sanitarium of St. Louis, entered the United States Army, August, '98, going with the Seventh Army Corps to Cuba. Later Miss Kemmer started for Manila, but her orders were changed and she was sent to Tientsen and Peking, China. From there she went to Manila, May, 1901, and while in Manila Miss Kemmer received the unique distinction of honorable mention in orders from the Commanding General, she having relinquished a leave of absence to care for three cases of smallpox.

Ella B. King, graduate of Jefferson Medical College Hospital, Philadelphia, entered the service in October, 1898, and served more than three years in various hospitals of the United States and the Philippines.

Elizabeth Kratz, graduate of Blockley, Philadelphia, entered the United States Army in 1898, serving in the United States and Cuba. Miss Kratz took a post-graduate course in the Women's Hospital of New York. She left the position of head nurse in the Delaware Hospital, Wilmington, Delaware, to become the assistant superintendent of the Meadville Hospital, but was called from the latter post to nurse smallpox in the Municipal Hospital of Philadelphia.

Adelaide Mackereth graduated from Medico-

Chirurgical of Philadelphia, entered the army in the fall of 1898, going with the Seventh Army Corps to Cuba. In 1899 she sailed for the Philippines, where in Iloilo she had charge of the operating room until March, 1902.

Adele Neeb graduated from the Presbyterian Hospital Philadelphia, where she remained as head nurse for six months. She entered the army in the fall of 1898 and went with the Seventh Army Corps to Cuba.

Sophia Newell graduated from Christ Hospital, Jersey City, N. J. She served at Fortress Monroe, Va., and Albany, Ga., during the war.

Genevieve Russell, graduate of Asbury Methodist Hospital, of Minneapolis, Minn., entered the army in 1898 and went with the Seventh Army Corps to Cuba. In 1899 she sailed in charge of the nurses on the *Logan* for Manila. She was sent to Iloilo as chief nurse, where she remained until August, 1900. Returning to Cuba in 1901, Miss Russell served as head nurse and then as superintendent in the Civil Hospital of Havana and Cienfuegos.

Returning to New York city, August, 1903, she completed a post-graduate course in the General Memorial Hospital of that city.

Intervals in the nursing history of these nurses were of course filled in by private work.

The party sailed from Seattle on the *Shawmut* April 1st, and they will be met upon their arrival in Yokohama by a representative of the Minister of Foreign Affairs, who will give further instructions.

ANITA NEWCOMB MCGEE,

President.

#### Graduate Nurses of Peterborough

The proposed meeting of the graduate nurses of Peterborough, Ont., Can., was held in the Y. W. C. A. parlors. The attendance was most gratifying, seven different training schools being represented.

Miss Coleman, lady superintendent of the Nichol's Hospital, presided, and after the object of the meeting had been explained, gave a short address upon the need of "State Registration" for nurses. After this followed a free discussion of this question, as well as the more immediate one, the formation of an Ontario Nurses' Association, and Miss Thompson gave a most interesting account of organization for protection of nurses, as well as of the public, in the city of Cleveland.

Miss Bolster then told what steps had already been taken in Canada in this direction, and in view of what had taken place in the past, ex-

pressed belief that the formation of a provincial association would be a great aid in securing our aim. Miss Coleman then urged upon those present the advantage to be derived from attending the Toronto meeting.

Miss Wilmot and Miss Maloney were appointed delegates from the Nichol's Hospital Alumnæ and Miss Staunton also expected to be present to help represent Peterborough.

#### Graduate Nurses of St. Louis

The St. Louis Nurses' Association has been organized for the mutual benefit of local nurses, and for the entertainment of visiting nurses during the World's Fair. The officers are: President, Miss E. L. Warr, City Hospital; first vice-president, Mrs. Gertrude M. Gibson, Jewish Hospital; second vice-president, Miss M. C. Long, City Hospital; treasurer, Miss Frances Shouse, Centenary Hospital; secretary, Miss Helen Perry, World's Fair, Incubator Department.

#### Graduate Nurses of Louisiana

A meeting was held Wednesday evening, March 16th, and a State Association of Graduate Nurses was formed, with a membership of sixty-three nurses.

The objects of this association are for the advancement of the educational standard of trained nursing, the furtherance of the efficient care of the sick, the maintenance of the honor and character of the nursing profession; also the furtherance of cordial relations between the graduate nurses of the State of Louisiana and sister States, and also foreign countries.

The association intends to petition the State Legislature at its next session to have enacted a State law permitting only graduate nurses with diplomas from a recognized training school the privilege of practising their profession in this State.

The officers elected for the ensuing term were:

Miss F. M. Quaife, graduate New York Hospital and superintendent Touro Infirmary, president; Miss K. Dent, graduate New Orleans Sanitarium, first vice-president; Miss L. B. Walsch, graduate Charity Hospital, second vice-president; Miss M. Mackenzie, graduate Hotel Dieu, treasurer; Miss L. M. Bushey, graduate Cleveland Training School for Nurses, secretary.

#### Graduate Nurses of Michigan

A meeting of the graduate nurses of the State of Michigan will be held in Detroit, May 10th,

beginning at 9.30 A. M. The place of meeting is Chafee Hall, corner of Willis and Woodward Avenues. The meeting is called for the purpose of forming a State association of nurses and to consider plans for State registration. A large attendance of nurses is desired. Hon. W. H. Maybury, Mayor of Detroit, will deliver an address of welcome. Addresses will be given by Judge C. A. Kent and Dr. J. H. Carsten, on "State Registration." It is desired that each nurse will come prepared to state her views on this subject.

#### Long Island College Nurses' Reception

An event long to be remembered by those participating, was the complimentary luncheon given at the Hotel St. George, Thursday, April 7th, by the graduates of the Long Island College Hospital Training School for Nurses, to Miss Sutcliffe, in anticipation of her retirement as superintendent of the Training School, which position she has occupied for eighteen years.

The luncheon, an elaborate one, was served in the Banquet Hall. The guests, all nurses, numbering one hundred, were seated at one table, which was designed in such a manner to make it possible to decorate it artistically with cut flowers and smilax, throughout which was distributed suggestions of the Easter-tide, viz., birds, ducks, storks, chickens, in miniature.

In a most able manner, Miss Lucy M. Sargent gave an interesting and detailed history of the hospital and training school; and to Miss Sutcliffe she paid a tribute of the highest nature, echoing the one thought of each nurse who has had the privilege of her training and the benefit of her noble influence.

In behalf of those present at the luncheon, and many others, who sent greetings, Miss Davids presented to Miss Sutcliffe the proverbial goose with her egg, in which was a purse of gold. This was a complete surprise to Miss Sutcliffe, who expressed her appreciation in such terms that no one could fail to realize the fact that through her personality and sweet nature, a closer bond of friendship exists.

A GRADUATE OF THE L. I. C. H.

TRAINING SCHOOL FOR NURSES.

#### German Hospital Nurses' Alumnae Association

The graduate nurses of the German Hospital of Brooklyn, N. Y., organized an Alumnae with the following officers:

President, Miss Elizabeth Brandenstein; first vice-president, Mrs. Radin; second vice-presi-

dent, Miss Fenie Lambrecht; secretary, Miss Frieda Roller; treasurer, Miss Margaret Engel.

Miss Ella B. Kurtz, superintendent of the Training School, was elected an honorary member of the association.

The alumnae will meet on the last Thursday of each month.

A course of study was decided upon, also an excursion. FRIEDA ROLLER, Secretary.

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#### West Penn. Nurses' Alumnae Association

An important meeting of the West Penn Nurses' Alumnae Association was held April 6th at the South Side hospital. Part of the afternoon was devoted to the consideration of "Current Topics," under the leadership of Miss Nannie G. Barclay, but most of the meeting was occupied in the discussion of plans for a benefit card party and dance, to be given on Thursday evening, April 28th, at the South Highland Avenue Auditorium, East End. It is expected to be quite a handsome affair.

Miss Helen Hunt and Miss Talbott were elected as delegates to the State Convention, to be held this month at Wilksbarre, Pa., and Miss Mary Weir and Miss Helen Hunt were appointed to represent the association at the meeting of the National Alumnae Association of Trained Nurses, to be held in Philadelphia in May. The following new members of the local organization were elected: Miss Anna Purdy, Miss Gertrude Johns, Miss Lillie Crock, Miss Bertha Shirey, Miss Elizabeth Patrick, Miss Jennie Henderson, Miss Elizabeth Mechback, Miss Winifred Baker, Miss Myrtle Klingensmith and Mrs. Anna Taylor.

Another meeting of the Alumnae Association will be held on Wednesday, April 20th, at the Nurses' Home, East End. The details of the entertainment will be completed at that time and there will be a discussion of "Current Topics," led by Miss Barclay.

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#### Mt. Sinai Nurses' Alumnae Association

A well attended regular meeting of the Mt. Sinai Alumnae Association took place in the Ladies' Auxiliary Room of the Mt. Sinai Hospital on April 7th, at 2.30 P. M.

Seven new members were admitted and four new candidates proposed. Miss Bertha Krueer, of 635 Park Avenue, was appointed treasurer of the Ellen Robinson Fund. Miss S. Greenthal was appointed delegate to the convention of the Associated Alumnae in Philadelphia in May. Miss Bertha Krueer is alternate delegate, in case Miss

Greenthal is prevented from attending the convention. The resignation from the State organization was withdrawn and the association is still a member of the State association.

HELEN GELLNER,  
Recording Secretary.

#### **The Associated Alumnae**

The seventh annual convention of the Associated Alumnae will be held at the Drexel Institute, Thirty-second and Chestnut Streets, Philadelphia, Pa., May 12, 13 and 14. The principal business of the convention will be the reports of the Committee on Revision of the Constitution, and the Committee on Periodicals.

#### **New York State Nurses Association**

The annual meeting of the New York State Nurses' Association was held in the Council Chamber of the State Capitol, Albany, N. Y., on April 19, 1904, at 10 A. M. and 2 P. M.

#### **Graduate Nurses of the State of Pennsylvania**

The Graduate Nurses' Association of the State of Pennsylvania held its third quarterly meeting April 20 and 21, at Wilkesbarre, Pa.

#### **Lebanon Hospital Nurses' Alumnae Association**

The Lebanon Hospital Nurses' Alumnae Association held a special meeting at the hospital on Tuesday, March 22, 1904, for the purpose of appointing a delegate to be sent to the Associated Alumnae Convention in May, 1904. The meeting was largely attended. Miss Rose Loffer was appointed delegate. One new member was admitted.

The regular monthly meeting of the Alumnae Association of Lebanon Hospital Training School for Nurses was held at the hospital on Tuesday, April 12. The meeting was largely attended.

MARY DALTON, Cor. Secy.

#### **Hospital Course in Massage**

The Training School Committee of the West Philadelphia Hospital for Women, has decided to include a course of massage in the regular schedule of instruction. The theoretical lectures on massage will be given by Max J. Walter, superintendent of the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, lecturer to St. Joseph's and St. Mary's Hospitals, etc., while the practical instruction has been intrusted to Mrs. L. H. Marshall, a graduate of the Pennsyl-

vania Orthopedic Institute and School of Mechano-Therapy.

#### **Camp Roosevelt**

Members of Camp Roosevelt and applicants for membership are requested to be present at 155 East Eighty-third Street, at 3 P. M., on Monday, May 2d, as there will take place the annual business meeting of the camp. A large attendance is asked for, as the reports for the past year will be rendered and the election of officers for the coming year take place.

If members will endeavor to be present, the effort on their part will be much appreciated by those who have the welfare of Camp Roosevelt at heart.

FLORENCE M. KELLY, Lieut.

#### **Chester Co. Nurses' Association**

The Chester Co. Nurses' Association held a special meeting on Friday afternoon, April 8, at three o'clock, in the lecture room of the Chester Co. Hospital, West Chester, Pa. The meeting was called to order by the president, Miss Constance Curtis, of the Phoenixville Hospital. The minutes were read by the secretary, Miss Elizabeth Schelly, of the Chester Co. Hospital. After the reading of the minutes, the vice-president, Miss Julia King, of the Chester Co. Hospital, read the Constitution and Code of Ethics, which were approved and signed by all present.

A very interesting report of the State Association was read. Mrs. Dr. Dicks (*nee* Miss Abbie Miller), graduate of the Chester Co. Hospital, was elected second vice-president. After the transaction of some other minor business, the meeting stood adjourned.

The next meeting will be held on the first Thursday in June (June 2) at the Phoenixville Hospital.

ELIZABETH SCHELLY, Secy.

#### **Long Island College Nurses' Alumnae Association**

The annual meeting of the Long Island College Hospital Alumnae Association was held on April 12, when there was a very good attendance. The officers for the coming year were elected as follows: President, Miss Davids; first vice-president, Miss Slingerland; second vice-president Miss Young; recording secretary, Miss Sargent; corresponding secretary Miss E. Hall (163 Congress Street); treasurer, Miss Burdick; directors, Miss E. Hall, Miss Johnson, Miss C. Arnold, Miss Ida L. Sutcliffe, Miss Jessie Wiley.

Three new members were proposed. During the past year 43 new members have been ad-

mitted, making a total of 160 members. The reports show that the first year of the new registry has been most successful in every way. Congratulations were given to the president, Miss Davids, and the committee, for their good work during the year by Miss Sutcliffe, who all regret was present for the last time as superintendent of the training school.

C. HALL, Corresponding Secretary  
&  
Philadelphia, Pa.

The regular monthly meeting of the Alumnae Association of University Hospital was held on Monday, April 4, 1904, the president, Miss Rudden, in the chair. The usual routine of business was transacted, and interesting discussions took place on the following subjects:

State Association meeting, to be held at Wilkesbarre, April 20 and 21, 1904; the Convention of the Associated Alumnae in Philadelphia, May 12, 13 and 14, 1904; and the International Congress in Berlin in June, 1904.

Contributions to the "Endowed Room Fund" come in very slowly, and delinquent members are requested to send in their subscriptions before the annual meeting in June.

The meeting was well attended.

After adjournment, coffee and cake were served.

NELLIE M. CASEY, Secretary.

In the absence of a quorum, the Philadelphia County Nurses' Association held no meeting on Wednesday, April 13, 1904.

NELLIE M. CASEY,  
Chairman Pub. Com.

The regular monthly meeting of the Alumnae Association of the Woman's Hospital, Philadelphia, was held at 1227 Arch Street, April 13, 1904. There was a large attendance and letters were read from some of the members regretting their inability to be present.

The meeting was called to order by the president, Miss Peters, at 4 P. M. After business was finished, those present were entertained to tea and cake by Miss Hannum. An invitation was received from Dr. Seabrooke to hold our June meeting at the Woman's Hospital.

JANE LOVE, Rec. Sec.

The Nurses' Alumnae Association of the Jewish Hospital, Philadelphia, held its annual meeting on Tuesday afternoon, April 5th, in the lecture room of the hospital. Ten members present. After the routine business was transacted, the

election of officers took place with the following result: President, Miss McCoy; first vice-president, Miss Altshuler; second vice-president, Miss O'Sullivan; secretary and treasurer, Miss Halsey. The Alumnae will give a banquet to the graduating class on May 24th at 8 P. M., and it is hoped that our distant members will attend. The State society work and that of the associated alumnae was briefly touched upon, and the meeting adjourned, to enjoy a "birthday feast," provided by the members.

REBECCA R. HALSEY, Secretary.

The regular monthly meeting of the Nurses' Alumnae Association of the Medico-Chirurgical Hospital, was held at the hospital, April 6th.

Miss Anna G. Davis, president, in the chair.

A large number of the nurses were present.

After the reading of the minutes of last meeting, two new members were admitted. It was stated that \$41.50 was the amount cleared on the dance given February 15th. This is quite a welcome addition to our treasury. A vote of thanks was extended Miss Susan G. Baker for a donation of \$5.25 toward the rent of the hall in which the dance was held.

The second annual reception to the graduating classes will be given in May, arrangements for this have not been completed.

Resolutions were adopted on the death of Miss Kugler, who died at her home in Duncannon, Pa., on March 19th, of pneumonia.

After the financial secretary's report was read, the meeting adjourned. Next meeting will be held on the first Wednesday in May at 5603 Wyalusing Avenue.

E. M. RITTER, Secretary.

Miss Florence Schwep of Easton, Pa., a graduate of the Medico-Chirurgical Hospital, was married to Dr. Mintzer in February.

Miss M. Aloysia McConeghy has been successfully nursing smallpox for the past few months, in and about Johnstown, Pa.

The many friends of Miss Agnes R. McCon-  
eghy will be pleased to learn she is convalescing from typhoid pneumonia.

Mrs. C. A. Bounaffon, who has also been very ill, is on the road to recovery.

The eleventh annual meeting of the Alice Fisher Alumnae of the Philadelphia Hospital was



held at the Club House, 804 Pine Street, April 4, 1904.

In the absence of the president, the first vice-president, Miss Malloy, occupied the chair.

A fair attendance made the meeting a very interesting one and all present were filled with a spirit of business.

It was decided to make application for re-admission to the Associated Alumnae.

The advisability of a directory at the Philadelphia Hospital, for the benefit of their alumnae, was discussed.

It was resolved that monthly meetings be held at the Club House on the first Monday of each month at 3 P. M.

Miss Malloy, the delegate, reported on the meeting of the State Nurses' Association, held in Pittsburg in October, also on the meeting in Harrisburg in January.

Refreshments were served and the following officers were then elected for the ensuing year.

President, Miss Malloy; first vice-president, Miss M. Lewis; second vice-president, Miss A. Wrigley; secretary, Miss Anna Rindlaub; treasurer, Miss M. A. Hayes; executive committee, Miss H. Bulkman, Miss E. M. Ganior.



#### **New York City Training School Alumnae Association**

The N. Y. C. T. S. A. A. held its regular meeting at the Academy of Medicine, 17 West Forty-third Street, on Tuesday, April 12.

The meeting was called to order by the president, Miss Silver. Then followed the reading of the minutes of the last meeting by the recording secretary, Miss Grace Forman. The financial secretary, Mrs. Clinton Stevenson, was very busy receiving annual dues. A report of trustees' meeting was read by Miss Rosetta Forman, secretary of that board.

Dr. Charles E. Quimby was then introduced and gave a most interesting lecture on fevers. The routine business was then taken up, but unfortunately a number of nurses had been obliged to leave. After the meeting the nurses adjourned to the banquet hall.

The refreshments which followed were a donation from Miss M. C. Muldoon.

JULIA M. SYRON,  
Corresponding Secretary.



#### **Graduate Nurses of Virginia**

The Graduate Nurses' Association of Virginia will hold its annual meeting at St. Vincent's Hospital, Norfolk, Va., Tuesday, May 24, at

8 P. M.; also on the 25th at 9.30 A. M. and 3.30 P. M.

Special rates over the C. & O. Ry. will be given and the Monticello Hotel will accommodate all nurses at \$2.00 per day, meals included.

A luncheon at the Hampton Roads Yacht Club will be given by the Graduate Nurses' Association of Norfolk.

All nurses who plan to attend the Association will kindly notify Miss McKinley, St. Christopher's Hospital, Norfolk, Va., who is the chairman of the Committee of Arrangements.

The Association meeting will be followed by a session of the Examining Board. All nurses wishing to take these examinations will kindly notify the secretary, Miss De Lancey.



#### **Personals**

Miss Edith Weller, of Hannibal, Mo., has returned from a month's vacation, visiting cities in the East.

Miss Maria E. Scovel, of Des Moines, Iowa, and Miss Mary E. Minor, of Springfield, Ill., have entered the post-graduate class of Levering Hospital.

Miss Rose Stinson, graduate of Levering Hospital, has accepted the position of surgical nurse at the Huron Street Hospital, Cleveland, Ohio.

Miss Callir White, a graduate of Levering Hospital, has accepted a position in the Julia Burnham Hospital, at Champaign, Ill.

Miss Martha S. Lee, of Shenandoah, Pa., a graduate of the Miners' Hospital, has been elected superintendent of the Cottage State Hospital at Blossburg, Pa.

Miss Grace Lippincott, assistant head nurse of the Philadelphia Hospital, has resigned her position.

Miss Bertha Carvel, who has acted as matron at the Essex Co. (Mass.) Homeopathic Hospital, has retired to take charge of the Burridge Island Hospital for Crippled Children. Miss Edith Colburn, of Cambridge, succeeds Miss Carvel.

Miss Wood has been appointed night superintendent at the Delaware Hospital, Wilmington, Del.

Miss E. C. Andrews has been appointed gen-

eral office assistant at the House of Mercy Hospital, Pittsfield, Mass.

Mrs. Margaret S. Wilbur, a graduate of the Bishop Training School for Nurses, has been appointed assistant matron at the House of Mercy Hospital, Pittsfield, Mass.

On March 1, 1904, Mrs. Isabella B. Close entered upon the duties as head nurse at the Woman's Hospital, Philadelphia.

Mrs. Close graduated from this hospital in 1898 and took the post-graduate course the following year. Very soon after this she accepted the position as head nurse of the Maternity Ward in the University of Pennsylvania Hospital, spending three years there in the maternity and surgical wards. The past year she has been traveling abroad for recreation and rest.

Miss Irene L. Sutcliffe, for eighteen years superintendent of nurses of the Long Island College Hospital, has tendered her resignation, to take effect May 1st.

Miss M. I. Montgomery spent a few days in Toronto in April, and was a delegate at a mass meeting of the nurses called to organize a provincial society.

Miss Stratton, formerly head nurse of the Gynecological Building of the Kingston Hospital, has resigned to take charge of the nursing department in connection with the Deaf and Dumb Institute, Belleville, Ont.



#### Marriage

On Wednesday, March 30, 1904, Miss Mina May Reed, graduate of the University of Pennsylvania, Class of 1893, to Dr. Charles Leonard Wakeman. Dr. and Mrs. Wakeman will reside in East Branch, N. Y.



#### Births

In Wilkesbarre, Pa., March 24, 1904, a daughter, Ethel Leona, to Rev. G. W. and Anna Moritz Reschke. Mrs. Reschke graduated from the Franklin County Public Hospital, Greenfield, Mass., in the class 1897.

In Leyden, Mass., April 4, 1904, a son, Robert Lawrence, to Mr. and Mrs. W. A. Barber. Mrs. Barber was formerly Miss Edith Getchell, a graduate of the Franklin County Public Hospital, Greenfield, Mass., in class 1900.

#### Obituary

Miss Kugler, a recent graduate of the Medico-Chirurgical Training School for Nurses, died at her home in Duncannon, Perry Co., Pa., of pneumonia, on Saturday, March 19th. It is with deep regret the nurses of the *alumnæ* hear of the death of our sister nurse. At the April meeting the following resolutions were adopted:

*Whereas*, it has pleased our Heavenly Father to call from our midst our friend and co-worker, we, the members of the *Alumnæ*, express our deep sorrow for her death, therefore be it

*Resolved*, that we extend our sincere sympathy to her sorrowing parents and family, in their loss.

*Resolved*, also, that a copy of these resolutions be sent to the family, and a copy sent to THE TRAINED NURSE AND HOSPITAL REVIEW, for publication

NURSES' ALUMNÆ ASSOCIATION,  
MEDICO-CHIRURGICAL HOSPITAL,  
By the Secretary.

Miss Mary J. Lambert, chief supervisor at the St. Lawrence State Hospital for the Insane, at Ogdensburg, passed to her reward on Monday, April 4, after a short illness. Her death caused a shock, and cast a gloom over the entire force at the hospital, where for twelve years she faithfully labored.

Miss Lambert was loved by all who came in contact with her on account of her kind, gentle, forceful character. Her entire life and interests were devoted to her work among the insane, and many a poor soul among the afflicted will miss her kind ministrations and unselfish devotion.

She was indefatigable in her work with the training school, of which for many years she was chief instructor in practical work, and the high standard to which it has been kept is very largely due to her unceasing labor and encouragement.

Miss Lambert never spared herself, frail though she was, but worked faithfully to the end, and with seemingly many years of usefulness yet before her, she dropped in the harness. Her memory will be cherished with love and veneration by all her co-workers and associates. While realizing that a sweet, gentle, faithful soul has entered into rest, they feel with Hemans that:

"Leaves have their time to fall,

And flowers to wither at the north wind's breath,

And stars to set—but all

Thou hast all seasons for thine own, O Death!"

# The Editor's Letter-box

The Editor is not responsible for the views of contributors.

## From the Nurse's Standpoint

DEAR EDITOR: Much has recently been written concerning the so-called exorbitant charges of graduate nurses and their apparent unwillingness to do charitable work. Much sympathy has been expressed for people in moderate circumstances who are sick and need the services of a professional, yet cannot afford to pay the charges of a graduate nurse.

Let us look at the subject for a few moments from the standpoint of the nurse herself.

Bear in mind, please, that in order that she may thoroughly understand her profession in all its branches she has had to spend two, possibly three, years not only in study but in actual hard work. She has to have experience in both night and day work, and very often it is of the most loathsome kind, yet it must be done just as faithfully as though it were pleasant, for if she shows herself unfaithful in her hospital career physicians will not recommend her for private duty.

Now, as to her charges. Three dollars a day. The average day laborer works nine or ten hours a day and receives one and one half dollars for his work. The average nurse is on duty twenty-four hours a day, sometimes for weeks at a time, and she receives three dollars a day. She is a professional and yet it will readily be seen that she charges less in proportion to the amount of time she spends than the common day laborer.

No one but one who has done the graduate nurse's work can appreciate how hard and nerve racking it can be. It must be remembered, too, that it is very uncertain. From its very nature she cannot solicit it and in some places public opinion is even against her having even the modest sign which is allowed the physician. Even though she has work for every day in the year she cannot take it and still retain her health, which is her only capital. The best nurses average about fifteen dollars a week, few more and many much less.

Now, as to her apparent unwillingness to care for charitable cases. Few of the laity realize that a nurse must give up her entire time to a charitable patient. Her conscience will not let her do any but the best work, and she is in honor bound to stay with her patient until all danger is over, no matter what other calls may come in for her in the meantime. In this way she loses paying cases. Meanwhile she is making sad in-

roads into her own strength, and when she leaves her patient she must take time to rest before she can conscientiously take another case. How many of these same people who censure a nurse for not working for "humanity's sake" would themselves be willing to give three dollars a day or its equivalent to a poor family? Not many, I think.

It has been my lot to be called in my professional capacity to a number of families in moderate circumstances, and it seems to me that the sympathy which is generally expressed for them is somewhat wasted. Never once have I seen any effort made to curtail their daily expenditure, rather the reverse, for in most instances they have allowed themselves luxuries which ordinarily they would feel were more than they could afford.

If these people cannot afford a graduate nurse, is it not for them that our moderate priced rooms in the hospital are provided? Or if they do not wish to go to the hospital there are a plenty of partially trained nurses who for one reason or another have left the training school before finishing their course, who are glad to work for ten or twelve dollars a week. In most instances they are capable of caring for any but the most critical cases.

How many women would care for their loved ones with the same self-sacrificing devotion which the graduate nurse gives to a stranger?

She must work both night and day, for it is to her that the physician looks for the faithful carrying out of his directions, and on her that the chances of recovery for the patient rest. She not only has to carry out the physician's orders but must watch her patient carefully for new symptoms and for the favorable or unfavorable action of the medicines and treatment which he orders. Besides this she has the anxiety of both the patient and the family to allay. She is watched as closely as the proverbial cat watches the mouse, and should she betray the slightest anxiety the family are plunged into the deepest gloom.

It is rather hard after one has had only three or four hours of sleep for a week to always appear hopeful and cheerful, and what is more keep the family so; yet it has to be done, and in most instances is done so gracefully that they never realize that it is any effort for the nurse.

When she leaves before her patient is fully

recovered the family are usually willing to own that three dollars a day would be no temptation to them to change places with her.

Which gives the truest charity, the rich woman who gives money out of her abundance and never misses it, or the nurse who gives her own health and strength to a stranger? The poet Lowell says:

"Not what we give, but what we share,  
For the gift without the giver is bare;  
Who giveth himself with his alms feeds three:  
Himself, his hungering neighbor and me."

VIOLET M. WAKEMAN,  
Graduate Nurse.

### Special Nursing Announcement

DEAR EDITOR: I am a Western nurse taking a post-graduate course in a children's hospital in the East. I would like to ask what you consider the best way to inform the doctors upon my return to my home city that I especially desire to nurse children, instead of general nursing, which I have been doing. To advertise seems to me to cheapen one, and doctors are too busy, as a rule, to be called upon. I will be glad for any suggestion.

W. V. R.

[We would suggest the use of a neatly engraved card, sufficiently large to make the announcement you desire, mailed to physicians on your list. This is the method used by many nurses who have taken up hourly nursing or other specialties, and has, we believe, proved satisfactory.]

### Do Nurses Talk Too Much?

DEAR EDITOR: The above was the subject of a lecture delivered at the Maternity Hospital during my stay there. The physician said: "As a rule nurses talk entirely too much. Let me cite a case where a nurse held her tongue."

"The other day a nurse came into my office and related her experience with an obstetrical case, from which she had just returned. She said that things did not prove satisfactory, and she did not know whether to express an opinion or not, so kept quiet. She knew that the patient had septicemia, and the physician in charge was treating for peritonitis; the patient died in a few days. 'Now,' she said, 'was I right in keeping quiet or was it my duty to speak my thoughts?'" The physician then said to the class: "Now there is a nurse whom I admire for keeping her tongue still." I then said: "Do you not think that the nurse was responsible for the life of that patient, and could she not, in a very quiet manner, without being disloyal to her superior, have

mentioned a possibility of septicemia being present by calling attention to the odor?" He answered with a slight toss of his head: "Well, I do not know, but I admire her for keeping quiet."

I knew that I was treading upon forbidden ground when I asked the question, but I could not resist speaking of such injustice, for I felt sure that my conscience would not permit me to allow a patient, especially a mother, to die if I had the power to save. I should be pleased to read the opinions of my sister nurses through the columns of our beloved medium, THE TRAINED NURSE AND HOSPITAL REVIEW.

L. E.

### A National Association of Nurses

DEAR EDITOR: A subject in which I have been much interested for the past eight years is that of a complete, or at least far-reaching, organization of nurses under one head. An organization of nurses in one common body could do more toward obtaining the necessary legislation to put nursing upon a proper legal basis than by any other method, and would do more to unify the profession, by drafting a correct curriculum of high standard, and associating all training schools that will conform to such curriculum.

Physicians are one with us in the effort to raise the nursing profession to as high a standard as possible. The physician's success is in a great measure in the hands of his nurse, and it is his wish that the nurse to whom he intrusts his patients shall be qualified to the highest possible attainments. I have gathered many statistics, and would like to obtain the consensus of opinion of nurses on these questions. *Is a national association of nurses possible?* Will it be practical in formulating laws, organizing the training schools, and carrying on such business as will tend to elevate the nursing profession?

C. R. D. OAKFORD,

Pullman, Wash.

### The Stork's Mistakes

DEAR EDITOR: The following is an actual occurrence picked up on a case:

Master Fred had thought about it until he was morally certain that he needed a tiny sister to share his blessings; and he had so many of them, such a roomful of toys and such a cozy nursery and Jennie, such a dear patient nurse, so devoted to him; and did any one ever have a lovelier mother or such a "Dada," who understood just what boys love and was ever ready to

enter into his secret heart of hearts and know just the correct panacea for all the tribulations known in boyhood's realm?

"Pards" they called themselves, and in truth they were. Father and son, the best and truest of confidence existing between them.

And thus it happened that Master Fred, aged five years, considered the question of a sister one day as he wearied of his toys. With Fred, to think was to act promptly and with pencil and a sheet of the hotel paper he printed his thoughts thus:

"DEAR STORK: PLEASE SEND A BLUEYED BABY SISTER TO OUR HOUSE.

YOUR LOVING FRIEND,

FRED REYNOLDS."

Then neatly folding his request and enclosing it in an envelope addressed it as follows.

THE STORK,

BRONX,

N. Y.

Affixing the postage as he had been taught, yet in his haste forgetting to seal it, he ran into the corridor, climbed nimbly into a chair placed conveniently, and dropped his own letter in the U. S. mail chute, as he had done many times for the mother he loved so dearly, fully intending to confide in Mother and Dada as soon as they returned. But other things occurred and Fred forgot all about it that day, but down at the sub-station of the postoffice Master Fred's letter is discovered and singled out from the mass of associate letters. It is first scanned and then amusingly commented upon, and then the letter itself is withdrawn from its envelope and read.

Fred's father being a well-known man the letter is enclosed intact in an envelope and sent to him, and by some strange coincidence is delivered simultaneously with the arrival of a basket containing a puppy, which at any other time would have filled Fred's heart with delight. But just now Master Fred was returning from a call upon his little friend on the sixth floor of the hotel, and would you believe it? Fred said: "Such a stupid stork to leave my baby sister at Francis Ver Plank's house and a puppy dog for me!" And "Dada" thought so too, and to this day Fred always claims baby Ver Plank as his baby sister and thinks the stork is not to be trusted with orders for baby sisters.

MINNIE SCOVELL.



#### How to Manage Obstetrical Engagements

DEAR EDITOR: In reply to Miss Jones' question, how to manage her obstetrical-engagements without conflicting, I will give my own

experience, and advice given to me by reliable physicians.

First, never to make my engagements close together, never for less than three weeks, and to receive my pay for all the time I have to wait on a case. By doing this one is not forced to take a case near the time of her expectant engagement. By observing this rule, out of 121 maternity cases I have had very little conflicting. Where it has occurred I have gone to the party who engaged me first, which I will give an example. In August Mr. S. engaged me for December 26, the last of September Mrs. P. engaged me for October 30. Mrs. P. did not need my services until November 10. Mr. S. called me November 26 (one month sooner than my engagement). I called up the doctor I was under, who said by all medical laws, and courtesy, I belonged to Mr. S., as he first engaged me. I put a nurse friend in charge of Mrs. P. to finish off her case.

I find this is regarded the correct way by obstetricians. Another rule I have observed. If any nurse has her engagements to conflict I will hold the case for her until she can leave the one she is on. By doing this she does not lose the family practise and I am sure any kindly feeling nurse will do the same for her co-sister-worker. In obstetrical nursing I find the largest territory for tact, discretion. One has the world to please—from the over-anxious grandmother, well-meaning aunt, and the neighbor who has had ten children, which means she knows all about maternity nursing.

Respectfully, LELA GILTNER.



#### Examination Questions

DEAR EDITOR: I have not been at home long enough at any time this winter to look into a reference book, and I was truly glad when I saw the answers to examination questions, and hope they will continue to be in the journal.

How soon one forgets many points learned in school. If one wishes to keep in touch with the nursing world, advanced ideas, new modes of treatment, etc., she must read the up-to-date magazine, THE TRAINED NURSE AND HOSPITAL REVIEW. This journal is *most valuable* to the busy nurse who is mentally and physically "on the go" both day and night, with insufficient sleep, and only an occasional rest at home. After a heavy strain she has no ambition for study, and oftentimes when she thinks she may have a few days for herself, she is called away again. So the questions and answers will be greatly appreciated by,

L. E.

hands of builders and architects commissions for new buildings and improvements that will cost several million dollars.

One of the largest of these operations is the doubling in size of St. Agnes Hospital. As originally designed, the hospital was to extend along Broad Street, from Mifflin to McKean Street. Only half of the building was erected. Money has since been accumulating for the rest of the work.

The Aspinwall Ward of the Episcopal Hospital, that has been postponed for several years, will be built this spring.

Several years ago W. R. Dougherty built a two-story building for the Wills Eye Hospital, Eighteenth and Race Streets, but the interior of the structure was never finished. James H. Windrim has just completed plans for the interior finishing and the addition of a fire-tower escape.

Cope & Stewardson are designing a maternity ward for the Presbyterian Hospital. Estimates have just been submitted on the remodeling of the children's ward at the same hospital.

J. C. M. Shirk has completed plans for the first of the two cancer wards to be built for the Home for Incurables at Forty-eighth and Woodland Avenue.

Brockie & Hasting are designing a new building for the Rush Hospital, Thirty-third and Lancaster Avenue, and are also planning extensive alterations and additions to the University Hospital.

A contract has just been awarded to build an isolation ward for St. Timothy's Hospital and a dispensary for the Methodist Hospital. For the latter plans are completed for a \$25,000 nurses' home.

Other hospitals contemplating improvements are the Howard, Broad and Catherine Streets, the Mount Sinai and the Phipps.

**In the baby incubator** displayed at the Louisiana Purchase Exposition, a device has been perfected whereby many little lives that would otherwise be lost may now be saved. An equable temperature, pasteurized milk, filtered air and the untiring services of a trained nurse were things until recently unattainable except to the wealthy.

The World's Fair exhibit teaches a wonderful lesson in scientific advancement. Light and warmth are primordial factors in promoting growth and the large apartment where the little embryos are housed is flooded with light and kept at a temperature of 90 degrees.

The incubator is a square box of shining metal

resting on iron supports and raised about three feet from the floor. It is air-tight except for the ventilating pipe which connects with the box at the left sending into it a continual stream of pure air from the outside. It is filtered by passing through a tube capped with a thin layer of absorbent cotton, which frees it from dust and microbes. An even temperature is maintained by the air passing over hot water pipes, while an exhaust pipe carries off all impurities.

A metal wheel is constantly kept in motion by



FEEDING TIME

the escaped air, and is an indicator of the rapidity with which the oxygen is consumed. In every compartment there is a thermometer for the guidance of the nurse. The partition is provided with two glass sides, so that the physician and attendant may observe the patient without admitting unfiltered air or disturbing the temperature.

On the front of the box is a chart on which is registered the size, temperature, pulse, respiration and general physical condition of the occupant.

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quenches abnormal thirst, re-  
pairs weak nerves, improves  
appetite, promotes digestion,  
clears the brain, overcomes  
exhaustion, and increases the  
capacity for hard mental and  
physical labor. Insist on  
having

## Horsford's Acid Phosphate

Horsford's name on every GENUINE package.

Every two hours the babies are taken from their cozy nest, wrapped in a heated blanket and fed by the nurse in view of the public. If the baby is too weak to take nourishment from a spoon, a silver tube is passed into the stomach.

Unless too weak, it is unswathed from its bandages and dusted with rice powder every day.

It must have been in the incubator forty days before it can take milk from a bottle. By this time it begins to show a faint resemblance to a human being, and to be alive to the approach of meal time. From the skinny, uncanny bit of

this floor will be the dining room and in the rear the kitchen, pantry, etc. Toilet arrangements are to be provided on this floor.

The operating room is located on the second floor in the front room on the west side of the building. In the rear of this room are private rooms for patients. The remainder of the floor will be used for the women's ward.

The third floor has been set apart for the use of the nurses, the servants, and whatever employees may be needed about the hospital. The committee may decide to build an addition to the



THE INCUBATORS

human skin and bones it has developed into a plump and rosy baby, with, most likely, a long lease of life.

~

**The building** on Crescent Street, Middletown, Conn., given by Col. H. L. Camp and Mrs. Anna Sneath to the Middlesex County Hospital Association for hospital purposes, is rapidly being made ready for the reception of patients.

The building has been remodeled inside and out.

As arranged, the men's ward will be on the first floor. On the east side of the hallway on

rear of the third floor to increase the quarters for the nurses a little later. The hospital is in charge of Miss Eva A. Castle, as matron. Miss Castle has had important experience along the lines of the work she is to do, and is a woman of excellent executive ability aside from her accomplishments as a nurse

~

**The annual report** of the Melrose (Mass.) Hospital Association shows the receipts to have been \$14,615, and the expenditures \$12,387, leaving a balance of \$2,222. The amount of the building fund is \$12,619, and the free bed fund has \$1,508



# P O R E S!

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WHY TAKE DAINTY CARE of your mouth and neglect your pores, the myriad mouths of your skin? The pores are the safety valves of the body. If they be kept in perfect order by constant and intelligent bathing, a very general source of danger from disease is avoided. HAND SAPOLIO is unequaled as a gentle, efficacious pore-opener. It does not gloss them over, or chemically dissolve their health-giving oils, yet clears them thoroughly, by a method of its own.

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AFTER A REFRESHING BATH with HAND SAPOLIO, every one of the 2,381,248 healthily-opened pores of your skin will shout as through a trumpet, "For this relief, much thanks." Five minutes with HAND SAPOLIO equals hours of so-called Health Exercises.

**DON'T ARGUE, DON'T INFER, TRY IT!**  
**ITS USE IS A FINE HABIT—ITS COST A TRIFLE**

to its credit. The number of patients admitted during the year was 241, of which 220 were discharged as cured.



**At a meeting** of the Flushing (L. I.) Hospital trustees action was taken on the recommendation of Major Thomas K. Boggs, chairman of the House Committee, that a nurses' home be established adjoining the hospital building. The need of such an institution is apparent. At present the nurses are scattered at all points of the main building and the quarters are inadequate and undesirable. It is said that estimates will soon be asked for the construction of such a building.



**The new** Mount Sinai Hospital Dispensary, on the northwest corner of Madison Avenue and 100th Street, New York city, was opened on Monday, March 28. The dispensary of the old hospital last year treated 32,000 persons, and it is expected that the number of applicants at the new institution will probably be doubled.

Particular interest was taken in the dispensary by the late Mayer Lehman, who for nineteen years was a director of the hospital. His sons and daughters have donated the sum of \$93,000 the cost of erecting the dispensary building, as a memorial to their father.



**The members** of the ways and means committee of the Ottumwa (Iowa) Hospital Association have completed arrangements for the purchase of the plot of ground known as the McShane property, located at the corner of Second and College Streets, for the site of the new hospital. The work on the new building will be begun in a few weeks. The hospital will be located in a most desirable position, with ample ground on all sides, as the property purchased measures 132 by 143 feet. The cost of the new building will reach about \$40,000, which amount is being raised by popular subscription.



**John D. Rockefeller** has given \$500,000 to the Johns Hopkins Hospital. The gift is to prevent the curtailment of the usefulness of the hospital by the losses caused by the big fire. The money is given outright and will be turned over to the trustees of the hospital in whatever form they may elect.



**Work has** commenced on the new \$2,000,000 State Homeopathic Hospital for the Insane at Allentown, Pa. There will be twelve buildings in blocks of three.

**The faculty** of the Washington Agriculture College, at Pullman, Wash., together with Dr. Wilson, a member of the State Legislature, secured an appropriation for the erection of an hospital for the benefit of the students, about seven hundred in number. This is a very wise provision, and may be the means of preserving many a college year which would otherwise be broken up because of contagious disease breaking out among the students. The hospital is in charge of C. R. D. S. Oakford and Mrs. Oakford, formerly of Spokane.



**The quarters** occupied by the training school of the Hospital of the Good Shepherd, Syracuse, N. Y., at the rear of the hospital building, has become too crowded to accommodate the number of nurses studying at the hospital. It has therefore been decided by the Board of Trustees to secure another house in the neighborhood. The present house will be retained, the new one being used as a sort of annex. No place has been decided upon, but several are under consideration.



**After several** years of unremitting labor, the immense structure at the corner of Twenty-eighth Street and Broadway, Oakland, Cal., which will henceforth be known as Providence Hospital, was formally opened and impressively dedicated, April 5.

Archbishop Riordan blessed the building and made a few remarks concerning the good work of the Sisters.

Rev. Father McSweeney was also present, as was also a number of prominent people.

During the afternoon, addresses were made by Mayor Warren Olney, Judge Henry A. Melvin, Dr. Frank L. Adams, City Attorney John E. McElroy.

The hospital is a frame structure and has a frontage on Broadway of about 275 feet. It is irregular in outline and five stories in height. It has a capacity of 150 patients, and is intended for all cases save those of contagion.

It is under the charge of the Sisters of Providence, a religious order of the Catholic Church, whose Mother House is in Montreal, Canada. This order has eighty institutions in this country and Canada, the sphere of usefulness of which includes schools, seminaries, convents, hospitals and asylums for the insane.

There are ten Sisters in the hospital, but the number will be increased as occasion demands. They are under the direction of Mother Theresa,

## THERAPEUTIC FOOD

*"Food that may be thoroughly competent under physiological conditions is often incompetent when pathological conditions are present."*

—DIETETIC GAZETTE

### LIQUID PEPTONIDS

is a food, which, without the intervention of digestive effort, supplies enough immediately available nutrient material to maintain the nutritive balance during serious illness. It is, therefore, "competent" therapeutic food.

One to two tablespoonsfuls  
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For Headaches, Neuralgias, Women's Ills and For All Nerve Pain  
No Matter Where.

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ADULT DOSE: Two Tablets Every Three Hours

For Tickling Coughs, Hacking Coughs, Night Coughs, Consumptives' Coughs, Deepseated or Otherwise, and for Severe Pains, Particularly Ovarian and Pelvic

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who for twenty-five years was in charge of St. Vincent's Hospital of the order in Portland, Oregon.

The Sisters are trained in medicine and surgery and will soon open a school for nurses.

The total cost of the hospital as it stands to-day is about \$180,000.

Although conducted by Catholic Sisters, patients of all creeds or of no creed at all will be admitted to the hospital. It will be entirely non-

The structure, which is of brick, two stories high, has been carefully planned for hospital work, and is one of the best arranged in the State. On the first floor is a large ward in which are sixteen beds and there are also an accident room, diet kitchen, bathrooms and closets. On the second floor are 12 rooms for private patients and the floors are connected by an elevator, which is large enough to accommodate the wheel couches. In the rear is the solarium.



THE NURSES' EXHIBIT AT THE BUFFALO, N. Y., HOMEOPATHIC HOSPITAL FAIR

(Photograph by Dolson, loaned by courtesy of Buffalo News)

sectarian, as will also be its medical and surgical staff. It will, however, for the present, be connected with the parish of St. Francis de Sales.

✽

The new ward building of the Lynn, Mass., hospital, which has just been erected at a cost of nearly \$50,000, and is located in the rear of the hospital at Washington Street and Hospital Avenue, was opened to the inspection of the members of the hospital corporation and physicians this afternoon and evening.

The hospital is now able to care for 100 patients at one time.

✽

Daniel B. Wesson, of Smith & Wesson, revolver makers, has given \$100,000 to the Hampden Homeopathic Hospital, of Springfield, Mass., for a modern hospital building. The gift will be a memorial to Mrs. Wesson.

✽

St. John's Guild, of New York, is to enlarge the scope of its work. At a meeting held April



# A Special Sale

Of our white uniform No. 835, made of white Nurses' Cloth, begins May 10, 1904, and lasts for just one month only.

## PRICES

1 Uniform,	-	-	-	\$4.50
4 Uniforms of 1 size,	-	-	-	12.50

WAIST.—Slight fulness in front, French back, shirt sleeve, 2 inch soft cuff.

SKIRT.—5 gored, 5 inch hem, pocket, stitched belt. Sizes 32-42.

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12, the Board of Trustees was authorized to continue the work both winter and summer. This means that the entire institution operated by the guild will be kept open the year round, instead of only during the summer months.

At the beginning, the "Lewis Memorial" Cottage and one of the wards in the main building, accommodating in the aggregate fifty-six patients, will be opened, and the trustees hope in time to open the entire plant for the accommodation of 350 patients, and ultimately the enlargement of the plant for the accommodation of a still greater number.

St. John's Guild was organized in 1866, and since the summer of 1875 has been a summer hospital work for the sick children of the poor of New York. It maintains two floating hospitals, with a daily capacity of 3,300 patients, and a seaside hospital at New Dorp, Staten Island, with a capacity of 350 patients.

~

The Jewish Hospital, Brooklyn, N. Y., has been offered \$25,000 on condition that it raises \$25,000 more. With the \$50,000 the directors will be able to complete the hospital building at once.

The directors have issued an appeal and intend to secure the money in small subscriptions. Books are sent out calling for twelve subscriptions of \$1 each. The books are to be returned

with the cash to Nathan S. Jonas, secretary, Nos. 356 and 358 Fulton Street.

Monday, May 30 (Decoration Day), will be known as "Offering Day." All books, filled or unfilled, must be returned by then, and on that day the hospital building uncompleted at Classon and St. Mark's Avenues and Prospect Place will be open for a reception and inspection.

~

The New York Assembly has passed Malby's bill, appropriating \$1,203,000 for buildings, repairs and improvements at the State hospitals for the insane.

~

Philip M. Sharples, of West Chester, Pa., has donated \$4,562 to the Chester County Hospital for the construction of two receiving rooms and a fireproof elevator and stairway.

~

At a recent meeting of the board of trustees of the Presbyterian Hospital, Atlanta, Ga., action relative to securing new quarters for the nurses was taken. It is probable that a large building on Walton Street, near the hospital, will be leased, and the nurses quartered there. At present, the care takers of the sick live in the hospital, but the growth of the institution has made it necessary that outside quarters be secured for them.

The corps of nurses at the hospital is now composed of fourteen members, but this number will shortly be increased to twenty-four.

## A School of Embalming

In the April issue we published the following letter:

DEAR EDITOR: Will you please tell me of a school in Chicago that teaches embalming. Yours respectfully, A KANSAS NURSE.

[We would be grateful if any of our readers could furnish this information.]

We are glad to have received this answer:

DEAR EDITOR: I have taken THE TRAINED NURSE AND HOSPITAL REVIEW since '96, and each year it grows more interesting. I am very

much interested in the examination questions, and hope the answers will be published. In reply to the Kansas City Nurse, in reference to embalming, I refer her to Mr. Morris, 22 E. Adams St., care H. M. Rolston, who is the best in the city. Rolston charges \$50.00 for three weeks, and you can stay as long as you wish after three weeks. The nurse can make her home with me while in city, if she so desires..

With my best wishes for future prosperity, Very sincerely yours. MRS. I. C. ENDERS.  
1480 Barry Ave., Chicago, Ill.

## THE NAUHEIM OR SCHOTT TREATMENT

by Carbonated Saline Baths is given with the Triton Effervescent Bath Salts. Results identical with those obtainable at Nauheim are produced. This method of treatment is indispensable in many forms of **Cardiac Disease**, and is of the greatest value in **Rheumatism, Neurasthenia**, and wherever a disordered circulation plays a part.

Among many to whom we have permission to refer are: Dr. Simon Baruch and Dr. Wm. H. Thomson of New York; Dr. R. H. Babcock and Dr. Clarke Gapen of Chicago; Dr. Alfred Abrams of San Francisco.

We shall be glad to send our manual on request.

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J. C. MINOR, Jr., Manager

## NURSES



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THE  
BUILDING  
OF A  
HOUSE

WHEN a man builds a house he takes care to first prepare a firm foundation.

When a physician begins the treatment of an anæmic or chlorotic patient, he must first consider the "building of the blood," the fountain and foundation of healthy life.

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Supplies the necessary oxygen and haemoglobin-carrying elements and thus successfully builds from the foundation upwards in cases of

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## Nursing World—Continued

(Too late for proper classification)

### St. Barnabas Guild, Orange

The regular monthly meeting of the Orange Branch of the Guild of St. Barnabas, was held Thursday, March 24, at St. Mark's Church, West Orange. It was a source of regret to note the absence of the rector, the Rev. F. B. Reazor, who had been called away to attend a funeral. His place was supplied by Rev. Mr. Lighthipe, who made a short suitable address.

After the service we adjourned to the Church's Guild Room, for the regular business meeting, which was conducted by the Rev. Dr. Mann, chaplain of the Orange branch.

The desirability of the Guild identifying itself again this summer with the fresh-air work of the joint charities was suggested and discussed. The meeting decided that as the Guild was the originator, several years ago, of fresh-air work in the Oranges, it would give its usual help and co-operation at the seaside home conducted by the united charities of the Oranges, at Asbury Park, N. J. A committee on this work will be subsequently appointed by the chaplain.

As the Rev. Dr. Scudder, of Brooklyn, was expected to be present at the April meeting, to discuss, with the Orange branch of the Guild, the possibility and advisability for or against a scheme to establish a pension or annuity fund for St. Barnabas' Guild nurses throughout the United States, a committee was appointed by the chair to be prepared with ideas and suggestions on the subject. The committee consists of two active members, Miss Cora Benz and Mrs. De Arcil Stephens.

At this meeting it is being arranged, we hear, to have present a business man of clear judgment, who was identified for years in life insurance business and is well familiar with various schemes of annuity and life pensions. Also the committee hope to have present, at the meeting, the president of one of the large life insurance companies of New York city, and possibly other business men. Altogether, the meeting of April 28 promises to be an interesting one.

Between four and six o'clock, on the afternoon of Thursday, April 7, a most delightful reception was given to Guild members at the home of an associate, Mrs. W. H. Williams. Mrs.

Williams was assisted in receiving by Mrs. Ch. L. Pardee, Mrs. Wm. Read Howe and Mrs. Stanley White. The afternoon was pleasant and sunshiny and a large number of members were able to attend. Violin and piano music added life to the gathering.

Refreshments were passed in the dining room, which was prettily decorated with palms and spring flowers; the color scheme being pale green and yellow. The table was decorated with daffodils and ferns. Tea was poured by an associate, Mrs. G. J. Ingram, and chocolate by a sister of Mrs. Williams, Mrs. E. B. Penrose; these ladies were assisted by Mrs. Jones, the Misses Clark, and little Miss Eleanor Eckfeldt, a granddaughter of Mrs. Williams. The occasion will long be remembered with pleasure by Guild members.

✻

### Kingston Hospital

On Friday evening, April 15, Miss Flaws, Miss Montgomery and the nurses of the Kingston Hospital, Toronto, Ont., were "at home" in the new "Nurses' Residence," to the members of the medical and surgical staff and their wives and other friends. A most enjoyable evening was spent, "finding Kate." The invitations were sent out to meet "our Kate." The booby prize was a little colored doll presented to one of the doctors, who had not succeeded in finding Kate any other way.

✻

### Sisters' Hospital Nurses' Alumnae Association

The regular meeting of the Nurses' Alumnae of the Buffalo Hospital of the Sisters of Charity, met at the hospital, Wednesday, April 13, at 3 P. M.

After the usual items of business were disposed of, Miss H. Greaves, the secretary, read a very interesting paper, "A Nurse's Experience During the Typhoid Fever Epidemic in Butler, Pa."

The board of directors and committees were appointed and members enrolled. After the meeting adjourned, refreshments were served and the association was entertained by the senior class of '04, and a very pleasant hour was spent socially.



# ANTIPHLOGISTINE



SHOWING THE METHOD OF APPLYING ANTIPHLOGISTINE TO THE THORACIC WALLS—FRONT, BACK AND SIDES—FOR DOUBLE PNEUMONIA.

## FOR PNEUMONIA

The Nurse should note carefully the following directions:

Always heat Antiphlogistine in the original container by placing in hot water. Needless exposure to the air or water impairs its usefulness.

Prepare the patient in a warm room. Lay him on his side and spread Antiphlogistine thick and hot as can be borne over one half the thoracic walls. Cover immediately with a cotton-lined cheesecloth jacket, previously made and warmed. Roll patient over on dressed side and complete the application. Stitch front of jacket to obtain the desired pressure (splinting).

Dressings should be made as rapidly as possible.

Antiphlogistine stimulates the cutaneous reflexes, causing a dilation of the superficial and coincidentally contraction of the deep blood-vessels. Through this action and affinity for moisture, it flushes the superficial capillaries — bleeds but saves the blood.



SHOWING ANTIPHLOGISTINE AND COTTON JACKET COMPLETE AS INDICATED IN DOUBLE PNEUMONIA.



IN FROM TWELVE TO THIRTY-SIX HOURS IT WILL PEEL OFF NICELY LEAVING THE SKIN COMPARATIVELY CLEAN.

The circulation is thus favorably affected, congestion and pain relieved, the pulse improves, temperature declines, the muscular and vascular systems relax and rest and sleep usually follow.

Never fail to secure full and original packages—Small, Medium, Large or Hospital Size.

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# Book Reviews

*Nervous Diseases.* A practical treatise for the medical student and general practitioner. By F. Savary Pearce, M.D., Professor of Nervous and Mental Diseases in the Medico-Chirurgical College of Philadelphia; Neurologist to the Philadelphia and Howard Hospitals. Colored frontispiece and 91 illustrations in the text, many in colors. Cloth. \$3.00. Sold only by subscription.

This text-book on nervous diseases has been written for the student and general practitioner. It fills a distinct niche in the literature of this intricate subject. The author has succeeded admirably in presenting this important branch of medicine in a readable form. This he has accomplished by curtailing all doubtful points in neurology, and by presenting the practical points in the study of nervous diseases in a compact and lucid form. The chapter on anatomy and physiology has been blended, an arrangement which ensures a clearer understanding of the anatomy and functions of the various parts of the nervous system. The facts in relation to etiology and therapeutics are especially well brought out in this book, an advantage over many other works upon this subject, which adds very much to the value of the volume. The contents are divided into the following chapters:

I. Anatomy, Physiology, and Chemistry of the Nervous System. II. General Pathology. III. General Symptoms and Methods of Examination.

IV. General Therapeutics and Prevention of Nervous Disease and the Acquirement of Nervous Health; Hydrotherapeutics; Massage; Electricity; Hypnotism; Care and Treatment in Convalescence from Functional Nervous Disease; Climatology of Nervous Disease. V. Symptomatic Disorders. VI. Diseases of the Cranial Nerves. VII. Diseases of the Peripheral Nerves. VIII. Diseases of the Spinal Nerves. IX. Inflammation of the Meninges. X. Diffuse and Local Diseases of the Brain. XI. Other Diseases of the Brain and Membrane. XII. Inflammation of the Membrane of the Cord and Unclassified Diseases. XIII. Diseases of the Spinal Cord. XIV. Diffuse and Local Diseases of the Spinal Cord. XV. Diffuse Diseases of Brain and Cord. XVI. General and Functional Nervous Diseases. XVII. Vaso-Motor and Trophic Disorders. XVIII. General Toxemic Diseases of the Nervous System. XIX. Drug Intoxications. XX. Paresis. Appendix: Disorders of Sleep. Formulary.

Each chapter is sub-divided into various parts, each having an appropriate heading in caption type. The illustrations are from original photographs and cuts, and serve to impress the lesson taught more forcibly than text could ever explain. The author announces his intention to follow this volume with one on mental diseases, the two to form a working library for the study of these conditions.

## North Carolina

The Board of Examiners of Trained Nurses of North Carolina will meet for examination of applicants on May 24 and 25, at Raleigh.

The meetings will be held in the Olivia Raney Library Building, beginning at 11.30 of the 24th.

Applicants will please send their names to the secretary by May 21. Private boarding places will be secured for those who apply to the secretary.

M. L. WYCHE, Sec. and Treas.

The second annual meeting of the North Carolina State Nurses' Association will be held in Raleigh, May 26 and 27.

All exercises will be held in the Olivia Raney Library Building. ANNA LEE DE VANE, Sec.

&

## Personals

Miss Dorothy M. Ferree has been appointed superintendent of the Pottstown Hospital; Miss Ferree was formerly superintendent of the Bridgeton (N. J.) Hospital.

Miss Alice Scribner has been appointed superintendent of the Beverly (Mass.) Hospital.

Miss M. A. Bubb has resigned her position as matron of the Galesburg (Ill.) Hospital.

# The "Allenburys" Foods

**T**HE secret of the great success attending the use of the "Allenburys" Infants' Foods lies in the easy adaptability of the "series" to the developing digestive tract.

"No. 1" of the series, which is intended for use during the first three months of life, approximates very closely in chemical composition to the milk of a healthy mother and has been found as easy of assimilation.

"No. 2" is similar to "No. 1" but contains in addition certain quantities of maltose, dextrin, and soluble phosphates, to supply the growing demands of the infant. This is designed for use from the third to the end of the fifth month.

In order to meet the still further requirements of the child after this period the "No. 3" Food is provided.

The series is so arranged that each Food affords the maximum amount of nourishment which the organs of the child, at the period for which it is intended, can with perfect ease digest, and we are constantly receiving evidence of the great value of our system of infant feeding through letters, not only from parents but from prominent members of the medical profession also, telling us of the gratifying results attending their use even in cases apparently hopeless and after many other artificial foods and modified milk had been tried.

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Sold everywhere, or mailed for 25 Cents. (Sample free.)

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CHEMICAL CO.** NEWARK, N. J.

# New Remedies and Appliances

## Ergoapiol (Smith)

The effects of retained placental or fetal tissue in a partially successful miscarriage or abortion consist in hemorrhages, purulent discharge, enlargement of the uterus, subinvolution, metritis, endometritis and sepsis. The indications in these cases are, therefore, the thorough emptying of the uterus and the rendering of the womb-cavity aseptic.

In ordinary cases this must be done by surgical interference, including curetting and the removal of all decomposing and diseased tissue, followed by the application of antiseptics to the endometrium. There is a class of cases, however, in which, for one reason or another, curettage is refused by the patient, and in which it is incumbent upon the physician to give what relief he can by medical means. In such cases I have prescribed Ergoapiol (Smith), a combination of the active principles of ergot (ergotine), parsley (apiol), and certain other emmenagogues and uterine tonics. In one case of this kind which came under my observation some months ago, I used Ergoapiol (Smith) with such marked success that I learned since then to rely upon this preparation in removing the retained fragments from the uterus, emptying the organ and reducing it to its normal size and functions.

J. RIDGLY SIMMS, A.M., M.D.,  
Racine, Wis.

## Unguentum Crede

Leonard Weber, M.D., Professor of Medicine, New York Post-Graduate Medical School and Hospital, Consulting Physician to St. Mark's Hospital, New York, delivered a lecture on "Typhoid Fever" at the New York Post-Graduate Medical School, November 2, 1903, in the course of which he said:

"I have also the records of three cases of grave typhoid sepsis saved by inunctions of Unguentum Crede—soluble metallic silver ointment—rubbed in thoroughly over various parts of the body, in doses of one half dram. Though the usual stimulants and excitants were also made use of in these cases, I believe, nevertheless, that they were really saved by the antiseptic action of the Crede preparation.

## Velvet Grip


The great change that has taken place in the use of Ladies' Hose Supporters by wearing them in such positions as will most improve the form and give the erect carriage so much in vogue, has caused the manufacturers of corsets to attach Hose Supporters to them, usually two in front and one on each side. These "Corset" Hose Supporters are, of course, of many styles and qualities, but if you find on them the "Velvet Grip" clasp for holding the stocking, you will, in that respect, feel secure and comfortable.

## Unguentine

This ointment was originated a century ago by England's now famous Sir Astley Cooper. However, we speak of his as an age of crudeness in pharmaceutical products. Yet upon his foundation, which was lasting, our age has built an improved structure. He recognized the inestimable healing properties of alum, but neither he nor his contemporaries knew of a process by which to eliminate the irritating qualities; and we find such writers as Professor Paige saying even to-day, "Only 10 grains of alum can be used in an ounce of ointment. More will cause irritation." Nevertheless, Unguentine contains over 30 grains to the ounce, without causing the slightest irritation. By a protected process, exclusively our own, we eliminate all the irritating properties. This is combined with 2 per cent. of carbolic acid, 5 per cent. of ichthyol, with a pure petrolatum base free from taste, odor or acidity, which makes Unguentine a perfect surgical dressing. A dressing upon which every practitioner and surgeon can depend in any case of external inflammation. Price, 25 cents per tube

## Convalescine

It is a trying time for the patient when nature is trying to assert itself after disease has been banished from the system. The muscles being relaxed and weakened are unable to perform their functions. Yet the sunshine and breath of spring are great recuperators and the invalid should walk outdoors, even if but a few steps a day—but never beyond the strength. It is at such times as these that the realization of assist-



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Silent Tread Heels




**A RECIPE  
FOR  
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These heel cushions of new rubber make any shoe a hospital shoe, and the nurse is always prepared for the street, which is more than can be said of an elk soled shoe in a rainy day. It will also outwear the shoe.

O'Sullivan's is the only rubber heel that will do this, because substitutes are not new rubber, although some dealers expect you to pay the same price and give them more profit.

35c. a pair. Dealers will attach them to the shoes you are now wearing for a trifle extra. If dealer fails, then—

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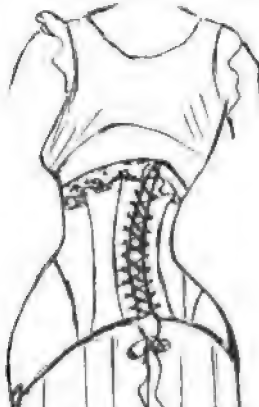


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A safety both for the mother and child; a  
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ous testimonials. *Correspondence Solicited  
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ance is most appreciated. O'Sullivan Cushion Heels, the new-rubber muscle, by absorbing the jars that would otherwise come to the body, assists nature in no uncertain way, and, like the friend in need, will prove a friend indeed. Any dealer will attach them to any shoe for fifty cents a pair.



#### Gude's Pepto-Mangan

*The Dietetic and Hygienic Gazette*, commenting upon the dietetic value of Iron, says:

"Pathologists have given pointers as to the special condition of the iron in the system and in the circulating medium, and the newer preparations aim to imitate that condition. Most of them have a brief day of fame and then drop out of sight for the reason that they lack some element of eligibility. Few are standing the test of time and the critical ordeal of the clinicians. Foremost among these it is safe to name Gude's Pepto-Mangan. It is probably the nearest approach to a physiologic reproduction yet devised. It deserves its universal popularity, and its manufacturers do well to restrict its sale to strictly ethical channels."



#### In the Ward at Home and Abroad

Lister's Towels have established themselves as indispensable articles for absorbing secretions. They are made of the finest absorbent cotton mixed with a cellulose fibre and incased in tubular woven gauge and sterilized. This combination gives to Lister's Towels a greater power to absorb and diffuse than has been found in any other pad. Trained nurses and other women who have used them say Lister's Towels are a most satisfactory article. For further particulars or sample, address The Lister Surgical Co., 100 William Street, New York city.



#### Passiflora

Daniel's Conct. Tinct. Passiflora Incarnata calms and rejuvenates the whole nervous system. The most satisfactory results have been obtained from it in women's diseases, especially for the nervousness preceding and during childbirth. It allays irritation and all tendency toward hysteria, gives refreshing rest during the period of recuperation and quickly restores the accustomed strength. Passiflora exerts a sedative influence upon the mucous surfaces of the entire urinary tract. As one physician expressed it: "Give Daniel's Passiflora regularly, as indicated, and leave the rest to Nature." This is the logical course to pursue, because Passiflora is Nature's remedy, prepared from the May-Pop, and con-

tains all the sedative and curative properties of this medicine-fruit.



#### A Word About Alcohol

Very few of those in charge of hospitals throughout the country are cognizant of the fact that they could obtain their alcohol free of tax by complying with certain Government regulations, which practically means the filing of a bond to insure the proper use of the alcohol as allowed by the Government.

Only about 10 per cent. of the hospitals throughout the country are using alcohol free of tax. This is surprising when one knows that the tax on alcohol is \$2.07 per gallon, which on a barrel of 50 gallons means an unnecessary expenditure to the hospital of \$103.50 on every barrel they buy. If they use a very large quantity of alcohol, the expenditure in this direction is enormous and entirely uncalled for.

Hospitals which are incorporated and have connected with them some educational feature, this is to say, a training school for nurses, or a clinical lecture course, are entitled to the use of alcohol free of tax. It simply takes some one connected with the hospital who is willing to give the matter a little attention to have the papers properly passed, etc.

Institutions of learning, such as schools, colleges and universities, created and constituted as such under any State or Territorial law, are entitled to the same privilege.

Those who might be further interested we refer to our advertising columns, where they will find the name of F. O. Boyd & Co., 21 Warren Street, New York, who will furnish them all particulars and papers appertaining to this business *free of charge*.



#### Burnham's Clam Bouillon

In all cases of gastric irritability it is a matter of importance to leave off such foods as the patient is then using and begin with a bland, easily assimilated food—starchy or nitrogenous (usually the latter), according to the conditions that exist. One of the best of the latter is Burnham's clam bouillon; it is rich in all the principles which go to nourish the economy, and has a quieting effect on the stomach. It is, in fact, retained in some instances where no other food would remain on the stomach. I give this food first in tablespoonful doses every hour or so until the stomach becomes tolerant. After this the patient can take it in wineglassful doses every



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**F**ROM model dairy farms we obtain the best cow's milk,—*milk of highest quality*,—sterilize it and evaporate it down to a cream-like consistency by a process special with us.

¶ Intricate mathematical formulæ and complicated modifications are not necessary, but CLEAN MILK IS ABSOLUTELY ESSENTIAL IN INFANT-FEEDING. Peddled milk, as supplied in most cities and towns, is unsafe for young infants and a menace to the health of adults. HIGHLAND BRAND EVAPORATED CREAM is the cleanest of milk,—*pure, germ-free, of uniform composition*. More easily digested and more readily assimilated than raw milk. ALWAYS READY,—JUST DILUTE WITH WATER Q. S. AND GIVE TO BABY.



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two to three or four hours.—L. B. in the *Alkaloidal Clinic*.



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### Sanmetto

N. C. Vaughan, M.D., of Cincinnati, Ohio, graduate Howard University Washington, D.C., 1896, Mem. Natl. Assn. Colored Phys. and Surgs., Mem. Ohio State Med. Soc., Mem. Cincinnati Academy of Medicine, writing, says: "I most cheerfully recommend Sanmetto for prostatic and bladder troubles. It makes peace with the stomach, is readily assimilated, has special affinity for the urinary tract, healing and giving tone to the diseased parts."



### Why

The Pneumatic Cushion Rubber Heel will please you.

First.—It is a safe heel to wear on slippery surfaces, as it *will not slip*.

Second.—It gives the greatest cushion to the foot, having an air-chamber next to the heel-seat, making it a Pneumatic Cushion.

Third.—It is the lightest heel in weight, as it has an air-chamber next to the heel-seat and a suction-chamber to tread upon.

Fourth.—The treading surface being a suction-chamber, it *will not slip* on ice, wet or polished surfaces.

Fifth.—The heel matches the leather of the shoe, and makes good shoe-making possible.



### "Height"

Are the woven wire fabrics on bedsteads in your hospital too low? Have the nurses mentioned about having to bend over too far? We make our fabrics any height from the floor you desire, from 12 inches to 26 inches, at the same price.

Write The Hartford Bedstead Company for particulars. See advertisement on another page.

### Gibbs' Formaldehyde Generator

The generator consists of an asbestos filled receiver for wood alcohol, and a chemically prepared asbestos screen, which by its action on the vapors rising from wood alcohol, changes them into Formaldehyde.

It is inexpensive, costing one dollar, after which no other outlay is required, except the small one for wood alcohol when the generator is operated.

There is no danger from fire, since no flame attends the production of Formaldehyde. The flame is only needed a moment to heat the asbestos screen and is then smothered by the cover.

The generator will give off Formaldehyde gas as often as it is filled with wood alcohol, and set in operation according to the directions. The asbestos screen does not deteriorate by use.

Formaldehyde does not tarnish picture frames, silver or any metals, nor does it affect the tint of the most delicate fabric. Although Formaldehyde irritates the eyes and the mucous membranes of the nose and throat, the irritation soon passes away and no bad results follow.

Clothing shut up in a closet, with a generator in operation, will not only be thoroughly disinfected, but will also be purified of all odors especially stale tobacco smoke, camphor, moth balls, etc.

You will readily see how useful a simple and safe disinfectant, such as this, would be in a house where a contagious disease exists, not only for disinfecting the sickroom, but also the clothing and bedding of the patient and nurses.

The generators may be obtained from your druggist, by giving him our name, or by mail from us, upon receipt of price. See advertisement in this issue.



### We Offer You \$10,000.00

At a cost of \$2.53 per month, for the protection of your family. We will loan you money on this policy any time after the third premium is paid. We will keep this policy in force for nine months after the first five years are paid. There are also eight other equally beneficial guarantees.

Send for free booklet.

PENN. MUTUAL LIFE INS. CO.,  
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### Enuresis

Dr. N. S. Wood, Anderson, Ind., says, "I find that Satyria is a most excellent tonic and reconstructive remedy. I find it very useful in children's diseases, especially in enuresis it is fine."



# GASTRIC IRRITABILITY



In inflammatory, ulcerated and disturbed conditions in general of the gastric membrane, Physicians will find

## Burnham's Clam Bouillon

(Absolutely Free from Any Preservative)



an acceptable and soothing nutrient. It gives the greatest amount of food energy with the least labor for the digestive organs. It is soothing to an irritated stomach when other foods cannot be tolerated. Owing to the process of manufacture the product is partially predigested and thoroughly sterilized. The rapidity with which it is absorbed gives the stomach walls a longer period of rest than can be secured through the use of ordinary nutrient agents.

It has been known and prescribed for years by many prominent Physicians. It presents an appetizing appearance and a tempting odor. It is a decided change from the ordinary delicacies for the sickroom. It is enthusiastically welcomed, as the average layman knows the value of the juice of the clam as a beverage, as strengthening and tonic in its effect, both to the stomach and the nervous system. An especially attractive

feature about **BURNHAM'S CLAM BOUILLON** consists in the fact that it is bottled in glass, without any preservative whatever, being sold in pints and half pints. This assures not only cleanliness and convenience in the serving, but perfect purity and freshness while using in the sickroom. All the leading apothecaries and grocers sell it.

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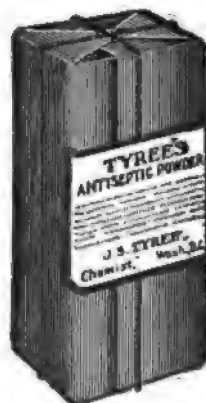
# Tyree's Antiseptic Powder

**D**OCTOR, this is pre-eminently the age of ANTISEPSIS, but the problem is how to secure that in a manner at once the most convenient and harmless, and at the same time accompanied by such an effect upon the tissues as to lead to rapid healing.

In Tyree's Antiseptic Powder you will find a combination so skilfully made that it is destructive to pathogenic bacteria, and yet bland and unobtrusive to the most delicate mucous membrane, and its application is accompanied by such a mild degree of stimulation and astringency as to promote the rapid healing of the tissues with which it comes in contact.

It has been used very successfully in Uterine and Vaginal Catarrhs, Gonorrhoea and Gleet, in Dysentery, in Catarrhs of the Nose and Throat, and in Inflammation of the Mouth and Gums. Its great economy and convenience consists in the fact that you add the water yourself—paying for only the Antiseptic Powder. Thousands of physicians are making successful use of it every day. If you will only try it you will be quickly convinced of its great value.

Sample and a beautifully illustrated little booklet representing the rare obstetrical and gynecological specimens of the Army Medical Museum at Washington, mailed free of charge to physicians.



**J. S. Tyree, Chemist, Washington, D. C.**

Have also found it very useful in gleet and irritable prostate."



#### Note New Address

The Hygienic Wood Wool Company, manufacturers of Hartmann's Wood Wool Sanitary Napkins and "Mulpa" Dressing, so well known to our readers, have removed from 38 Pearl Street to 177 Pearl Street. By the way, nurses should not forget to send for free sample of their goods. See advertisement in this number.



#### Aletris Cordial

A good remedy for relaxation of the womb and its appendages is Aletris Cordial Rio; it strengthens the uterine organs and at the same time corrects the co-existing general weakness.



#### The Amolin Chemical Company

Through their agents, The New York Shield Company have put on the market an entirely new preparation for asepticizing and deodorizing.

No woman's toilet table is complete without a box of Amolin Powder, especially during the summer, when there is so much difficulty keeping the unpleasant odors of perspiration, etc., under control.

It is invaluable in the sickroom and particularly so during confinement; by sprinkling the Powder freely on the napkins, all the unpleasant odors of the lochial discharges are removed. The Powder should also be used upon the menstrual napkins; and soiled clothing that cannot be washed at once, can be deodorized with Amolin Powder.

It is an antiseptic, absolutely harmless, possessing fifteen times greater potency than carbolic acid, and can be used freely to bathe cuts, sores or insect bites.

A full-sized package will be sent each nurse sending name and address to us. See advertisement in this number. A trial will convince you of its merits, and we trust you will recommend it.



#### Dyspepia

"While many of the causes of indigestion may be traced to faulty secretion of gastric and intestinal fluids as well as general lack of tone in the muscular structure of the tract, still the great proportion of these cases comes from eating too fast. Hand in hand with hurried feeding comes over-feeding, and these two evils soon bring about pathological conditions which inhibit or prevent normal processes of digestion and assimilation.

To restore defective secretion, the treatment is active depletion of the congested membrane by antiseptic measures which encourage exosmosis, thus increasing capillary circulation and gland activity, and at the same time guard against hyperacidity. This course combined with thorough mastication of food and regularity of meals will bring about a speedy relief, which could not be accomplished by artificial digestants. Self-made dyspeptics are cured by this common-sense treatment and can eat anything they may choose. Prepare the stomach for the reception of the meal by taking, one hour before meals, Glyco-Thymoline puge, two to four drams; five minutes later drink a full glass of hot water. In conjunction with this, and it is most important, have your patient masticate each mouthful of food taken at least twenty times before swallowing."

S. B. McDOWELL, M.D.,  
Philadelphia, Pa.



#### Passiflora

For nervousness, caused by insomnia, Daniel's Concentrated Tincture Passiflora Incarnata exerts a wonderful calmative influence. Sleeplessness produces nearly every disease that the nerves are heir to. When the patient is restless and unable to obtain repose, bodily weakness ensues, and distraction of the mind follows directly. A sedative is the only remedy that will cure and Daniel's preparation of the May-Pop stands at the top for effectual results. It has not an equal as a nerve calmative, giving rest and refreshing sleep. Administered in teaspoonful doses three or four times daily, it quiets the nervous system, carrying vigor to the brain, and soothes and strengthens the ganglia throughout the body.



#### The Noël Nursery Table

This outfit is a model of neatness, compactness and convenience, being based entirely upon simplicity, practicability and cleanliness. To insure these, and also freedom from any possible taint, the utensils are made of the purest aluminum, glass or enamel ware, and some of them were made expressly for their peculiar use. To the trained nurse it is a saving of endless time and annoyance in the home modification of milk; while to the mother, from the moment the trained nurse leaves her, the table proves a comfort in the assurance that she has in it all the necessities for preparing the baby's food after the most approved and latest sanitary and scientific methods.

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Three Dollars a Month  
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Large amounts in proportion.

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YOUR  
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PNEUMATIC  
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Safe Delivery Guaranteed

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82 WARREN STREET NEW YORK



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THE GOTHAM CO., 82 Warren St., New York

## LISTER'S TOWELS



### A SANITARY NECESSITY

Lister's Towels are the most satisfactory article yet contrived for convenience, comfort and hygienic cleanliness. These towels have an unusual degree of power for absorbing and distributing secretions, which makes them positively superior to any other pad sold or home made for the purpose.

Women who have used Lister's Towels say they wonder how they ever managed before, and think their wardrobe incomplete without them.

Nurses who have used Lister's Towels in gynecologic, obstetric, cancer cases and the like, prefer them to any other pads.

Clip this Coupon off and send to-day

**THE LISTER SURGICAL COMPANY**

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Address.....

This Coupon and 25 cents in postage stamps or money order will entitle any trained nurse to one dozen Lister's Towels and a 48 page illustrated monograph, known as "Hygiene in Maternity."

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## The Trained Nurse and Hospital Review

An Institutional Journal Representing the Hospitals of  
the Country and the Nursing Profession.

Conducted by  
ANNETTE SUMNER-ROSE

NEW YORK :  
LAKESIDE PUBLISHING COMPANY  
PUBLISHERS

(Published Monthly.)

NEW YORK OFFICE—Metropolitan Building.

BOSTON OFFICE—With Old Corner Book Store,  
27 Bromfield Street.

### THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

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*Entered as second-class matter at the New York Post Office,  
March 14th, 1901.*

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Do you know that the best magazines are published in the United States, and do you know that they cost the publishers more than you pay for them? It is the advertiser who makes it possible to give you a magazine which costs more than the subscription price.

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# The Trained Nurse and Hospital Review

Vol. XXXII

NEW YORK, JUNE, 1904

No. 6

## What Registration Will Do for the Public\*

Constance V. Curtis

Superintendent Phoenixville Hospital, Vice-President of the Graduate Nurses' Association of the State of Pennsylvania

**T**HERE has been a great deal said and written of what registration will do for nurses and the medical profession. Very little has been said of what benefit it will be to the public. I will try to show some of the many advantages the public will gain from State registration of nurses.

We, as a nursing body, know of the many shortcomings and deceptions practised by those who falsely represent themselves to be trained nurses. The country is flooded with them. These women, some times, have been in a hospital only from one to six months, and have then been dismissed for improper conduct. They were wholly unreliable and unfit to care for the sick. They cannot belong to our profession without being discovered, though some times we do not discern their deception until they have made serious mistakes. Unfortunately, our profession offers to women who are unprincipled and insincere an opportunity to take up the work as a cloak. On the other hand, fortunately for the profession, the women who have charge of training schools for nurses have developed so keen an insight into human nature that they discover such deception, and dismiss women of this type, though they may have remained in the hospital long enough to pick up sufficient information to be able to pose as trained nurses.

They will wear a uniform and assume all the assurance of manner of one who had been thoroughly trained. A case of this nature came under my personal observation. She posed as a trained nurse. She had a very sweet, plausible and impressive manner. She took charge of a very serious typhoid fever patient, who was taken sick quite a distance from home and among strangers. A friend wrote to the patient's family and told them that he had typhoid fever, but that he had an excellent trained nurse, and a good doctor was in attendance. When they heard this, having had the utmost confidence in trained nurses, his friends felt at perfect ease in regard to his condition. When a member of the family went to see the patient, she began questioning the nurse as to where she studied nursing, etc. After trying very hard to evade the questions, it was discovered that she had never been inside of a hospital as a student nurse. She had neglected her patient dreadfully, and when he tried to complain to the doctor she would say he was delirious. She had never given him a bath. The patient had a bed sore. She would not give him ice, milk or water. What few friends he had she would not allow in to see him, saying he was too ill to receive visitors. He said no one knew what torture he went through with the nurse. When the physician

\* Read at the meeting of The Graduate Nurses' Association of the State of Pennsylvania, April 20, Wilkesbarre Pa.

who had charge of the case was asked why he engaged such a person to nurse, he said she told him she was a trained nurse, besides, she wore a uniform and some kind of a badge. He was much surprised when he was told how she had neglected her patient and his orders. The patient said he would hear the doctor tell her to give him ice and water, and then she would not give it. She was such an impostor that she had thoroughly hoodwinked the doctor. She made him believe she was carrying out his orders perfectly and she had the audacity to charge \$25 per week!

It is from women of this type, and of others who have a great many more serious faults, and I may say vices, that we are anxious to protect the public.

We desire the public to know just how important it will be to ask: "Are you a registered nurse?"

What person would be willing to trust a dearly loved member of his family to be nursed through a serious illness or operation by such an individual as I have described above? The public are being continually exposed to such frauds. They do not know what measures to take to protect themselves. It is very hard to properly discriminate between real worth and pretense. The public are not always in a position to judge.

If you find you have been duped with one of these fraudulent nurses, and you have trusted her to care for some member of your family that is dear to you, you will be willing to exert yourself to the utmost in helping us to secure State registration of nurses. After registration, a record is kept so that we know each year if our nurses are living up to the standard of our profession.

Our standard must be high. The woman who enters the profession must be noble and broad-minded in order to be able to meet the demands made upon her and to be a help to mankind.

State registration will bring about a more uniform standard in the teaching and require-

ments in our training schools. It will bring them into more harmonious contact with each other. All these advantages will have far-reaching, broadening and beneficial effects. It will awaken new interests in our women. They will read and study more, and will keep pace with the rapid advancement in the education of nurses, which is increasing each year.

Now I hope that every one knows and understands that we do not wish to keep any one from nursing. A very prominent man said to me he did not know whether he approved of State registration of nurses or not, as he might be sick and might want his wife to nurse him. He did not think we should have a law permitting only trained nurses to care for the sick. Nor do we. Any one who wishes to do so may nurse, and any person is at perfect liberty to have any one nurse him whom he may wish. The only thing we ask is that she nurse under her true colors. If she has been in a hospital one or two months let her say so, but do not let her sail under false colors by wearing a uniform, and charging trained nurses' prices.

At one time nurses were regarded with distrust and people had them as necessary evils. At present the public, from the richest to the poorest, appreciate their great worth and deny themselves comforts that they may have their sick well cared for. They are given unbiased and unquestioning confidence. The true, whole-hearted, unselfish, acceptable nurse is worthy and deserving of all the confidence that can be bestowed upon her. The true nurse has a magnetic influence which strengthens her patient, who learns to look upon her as a child looks upon its mother.

Our profession is one which exacts honor and a strict code of ethics. We need to be self-critical, and in this way we will learn what our needs and defects are. One of the most serious faults of human nature is to feel no doubt of one's self-competence.

Weir Mitchell says there is a limit to every one's intellectual or technical attainments,

but there is none to one's growth in goodness. Another famous doctor says that all physicians, especially the hospital men, appreciate the indispensability of the trained nurse. He never stands in the operating room without a sense of gratitude and admiration for the

splendidly trained women about him. The pre-eminent position which American surgery occupies in the world to-day is very largely due to the superior intelligence and education of the faithful women who assist in the operating rooms and wards.

## A Nurse's Experience During the Typhoid Epidemic in Butler, Pa.\*

Hattie M. Greaves

Graduate Buffalo Hospital of the Sisters of Charity.

ON NOVEMBER 28, 1903, Rev. Fr. Carroll, of Butler, Pa., sent out the following appeal to the different cities:

"The people of Butler are at the mercy of typhoid fever; we are sadly in need of nurses; as you love God and your neighbor, come to Butler's assistance."

I had come off a case of typhoid fever just three days before the appeal was sent out, so was at liberty to be of some assistance to the stricken people of Butler.

On November 29, 1903, I left Buffalo at 10.30 P. M. for Butler, arriving in Butler on the morning of November 30, at 6.05 A. M. It was a dreary looking morning, fairly cold, about five inches of snow had fallen and was still snowing.

After alighting from the train, I took a bird's eye view of the surrounding country. Very little could be seen but hills covered with snow; here and there a house was visible; afterward I found the depot was quite a little distance from the town itself. Having just missed the street car, and while waiting for the 'bus, I got a little information from the station master. He was very pleasant and gave me a nice welcome to Butler. He told me it was a town of 19,000 population, and at that time there were 976 cases of typhoid

fever, and, as far as he knew, six nurses had arrived the day before.

The 'bus arrived, which took me to Fr. Carroll, of St. Paul's Catholic Church. I arrived at the church just as Fr. Carroll was finishing mass. I told him my errand; he spoke a few encouraging words and sent me to the Board of Health office.

In the same building the Relief Committee had fitted up rooms for their work, and for the nurses as they arrived; everything was clean and comfortable and many more conveniences than are usually found at such a time.

Human nature is about the same the world over. It was only natural for a stranger in a strange place to feel a little blue, but, after all, it's not so much what we do, or where we go, but what we are, that determines our happiness or misery. We all know that a sense of duty will do much to carry one on to the achievement of a hard task.

I was received very kindly by Mr. Moore, in charge of the Relief Committee. While waiting, three of the nurses who had arrived the day before came in from duty, so with them we went to the hotel just around the corner for breakfast. About 9 A. M. was ready for duty.

\* Read before the Nurses' Alumnae Association and contributed to THE TRAINED NURSE.

I was just about to start out to do district nursing, when a message came; a nurse was wanted for a child very sick with diphtheria. I was asked to take the case. In the meantime, trains from Philadelphia and Pittsburg brought 27 more nurses; they were all placed as quickly as they arrived; some had private cases, others did district nursing. Later three Emergency Hospitals were opened.

I was in quarantine with my case three weeks; it was a child five years of age; there was one younger sick with gastric fever; it also had diphtheria; it died a few hours after I arrived.

Treatment for the child I had was 2,000 units of antitoxin (e. 8 hrs.) for three doses, one teaspoonful of iron mixture (e. 3 hrs.) and strychnine 1-60 (e. 4 hrs.), the throat sprayed (e. 2 hrs.), milk diet until temperature went down. For ten days the child was very sick, throat almost closed, temperature from 100° to 103°; pulse 136 to 160; respiration 24 to 38. Gradually the child began to improve and soft diet was given; end of three weeks the throat was clear, the child was practically well.

After the process a nurse goes through after a contagious case, and a long sleigh ride with the thermometer below zero, I was sent to care for typhoid fever patients at the Emergency Hospital opened at the County Home. It was a genuine ride "over the hills to the poor house."

There were 9 patients, 3 adults and 6 children, ages from four to thirteen years. Treatment for adults was: Tepid baths if temperature was 102°; quinine gr. 5 (e. 4 hrs.), strychnine 1-30 (e. 3 hrs.), whisky, half ounce (e. 4 hrs.) and plenty of acetozone to drink—that was the only place where the acetozone was used—milk (e. 2 hrs.).

Treatment for the children: Tepid baths if temperature was 102°; ice cap to head and abdomen; strychnine 1-60 (e. 4 hrs.); two of the children were given 150 units of anti-typhoid serum (e. 12 hrs.), ice cap applied

to head and abdomen; in two cases abdomen was very much distended. The temperature was from 102° to 105°; pulse 138 to 180; respiration from 28 to 46. They all recovered; were in bed from five to eight weeks.

In many cases, after the nurse had left, the patient was given improper food—the family did not approve of starving any longer. In one case, that of an attorney, who had a second attack, while convalescing, they sent out to a nearby restaurant and had cannibal sandwiches sent him; the result was his funeral a few days later. In several families death occurred from over kindness on the part of some member of the family.

Total number of typhoid fever cases, 1,400. Total number of deaths, 125.

My next case was relief work in a family; three children were sick, ages from three to twelve years; the mother also had a mild attack. The usual typhoid treatment was given; was there six weeks.

It would take too long to go into details. The people were poor, but the nurse was treated very nicely. In those poor families we did not have any meals given us; they were served at the Second Presbyterian Church, under the auspices of the Relief Committee and Red Cross Society.

It was there I had the pleasure of meeting Clara Barton with her staff of nurses; they did very good work for Butler.

My next case was a child three years of age. The mother was just recovering from typhoid fever. This was one of the ungrateful families being cared for by the Relief. (There was quite a few who could not appreciate what was being done for them.) I fared better than some of the nurses who were caring for that kind. It took a few days, but I came out the winner in the fight, and after four weeks they were sorry I was going to leave them.

The child was very sick. Temperature 103° to 105°; pulse 148 to 180; respiration 28 to 40. Treatment the same as the other pa-



tients. I did not hear of anything particularly new in the treatment of typhoid. Instead of giving ice or cold sponges, all the baths ordered were tepid water.

As I mentioned before, the Relief and the Red Cross did excellent work, in the way of seeing that the nurses were made comfortable when off duty, and when doing relief work in poor families meals were served the nurse and any articles needed for the patient's use, or clothing, was supplied by the Relief and the Red Cross, and in extremely poor families the services of the physician and medicine were furnished by them. Families in good circumstances paid for the above and for the services of the nurse, but if not able, the Relief paid all expenses.

Total number of nurses employed, 207. These were employed in 176 different families and nursed 396 patients.

This does not include 25 nurses employed in the Brotherly Love Hospital, which was maintained by the city of Philadelphia.

Butler has one regular hospital, the Butler County General. During the epidemic, three Emergency Hospitals were opened. Most of the work done by the Relief Committee nurses was in private families.

Nurses who contracted the fever were: Miss Luella Donaldson, Butler, Pa.; Miss Charlotte Donaldson, Butler, Pa.; Miss Reeser, Sharon, Pa.; Miss Gertrude Vanderlin, Butler, Pa.; Miss Bailey, Buffalo, N. Y.; Miss Asby, Cleveland, Ohio; Miss Ray Loyd, Cleveland, Ohio; Mrs. Ruth Price, Wilkesbarre, Pa.

There were three others from around Pittsburgh, Pa., but I could not get their names; they contracted the fever and died a few weeks after coming to Butler. Of the names given, Misses Luella Donaldson, Gertrude Vanderlin, Ray Loyd and Mrs. Ruth Price died, making a total of seven deaths among the nurses.

The physicians who contracted the fever during the epidemic were: Dr. Geo. K. Mc-

Adoo, Dr. A. M. Heilman, Dr. E. H. Harris, Dr. J. W. Grossman. All the above were from Butler, and all recovered except Dr. McAdoo.

As to how or what was the cause of the epidemic.

During the month of August, 1903, four cases of typhoid occurred in close proximity to the Thorn Run reservoir, and it was the discovery of these cases by the local Board of Health on November 7, 1903, which directed their attention to the possibility of the pollution of the water supply; an intercepting ditch had been dug on the hillside which would carry surface drainage from the infected house to a point below Thorn Run dam.

On Sunday, December 20, 1903, draining of the reservoir began, and on Monday the cleaning of the sides and bottom started. I believe great relics were found, but none of value.

Of the 526 houses infected, disinfectants were distributed twice, to one half three times, and also distributed at the Relief Rooms for the nurses' use. A total of 2,600 packages of bichloride tablets and 2,450 pint bottles of carbolic acid were given out.

The work performed by the Relief Committee of Butler in connection with the epidemic was of great importance, and effective in its results, in securing the rapid abatement of the disease, as well as relieving suffering and want. The manner in which the affairs were administered testify most eloquently to the intelligence, integrity, earnestness and unselfishness of those who devoted their time to the relief of their stricken fellow townspeople.

I desire to say that my work with the committee and the people of Butler was a pleasure. Their warm hand clasps and genial greetings were given even in the darkest days of the epidemic. Only those who were there know of the gloom that was cast over the town; for weeks business was practically suspended. I saw every day evidences of those

qualities of charity, mercy and anxiety for those so sorely stricken, which speak more eloquently than words. The outside world gave nobly of its substance, but the people of Butler gave not alone of their substance, but of the energies of both mind and body and their great sympathy.

There is a history of this epidemic which cannot be written by human hands; it is the history that has been written on human hearts by the hand of sickness, suffering and death. There will likewise be a history of the nurses' work which will never be written, for the rea-

son that it is the history of human experience, which has recorded itself in their hearts alone.

To have been among the people of Butler has taught us as nurses many good lessons.

With fifteen weeks experience with typhoid fever, it would be impossible to give more than a very brief outline of the work done.

I think with our class motto, *Deus et Officium*, "God and Duty," we may add for our motto, as nurses, whether doing private work or hospital work, *Qui patitur vincit*, "He conquers who endures."

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## Transmission of Contagious Diseases by Mail

Charles Franklin Adams, M. D.

Trenton, N. J.

Mrs. M., aged thirty-eight, received a letter from a young friend living fifty miles away, stating that he was suffering from the mumps. Eleven days after, her own parotid glands began to swell and she developed a parotitis on each side of her face. In trying to account for the infection, as there was none in the neighborhood, she referred to the letter, and that she remembered running the edges of the letter through her teeth, according to a habit that she had.

A child, Norman D., aged five, was taken with

scarlet fever. At the end of two weeks he was dressed and playing around the room. At this time he received a letter from a cousin, aged eight, stating that he too was sick, but with the measles; the child was pleased to receive a letter and was allowed to play with it. Four days later he was taken sick again, and in a day or two developed a very severe attack of rubeola.

As the child was strictly quarantined, I was credited with carrying the infection, until I discovered the letter.—Letter in *American Medicine*.

## Some Things About the Nose, Throat and Ear that the Nurse Should Know \*

Chevalier Jackson, M.D.

Pittsburg, Pa.

**I**N PRIVATE work you will find that different surgeons have different ways of doing things. What I have to say to you is, of course, to be subject to the instructions of the physician in attendance. But I think in after life you will find that I have adhered closely to the standard of practise, subduing personal opinions where they might differ from that standard.

First, a word or two as to asepsis. Occasionally, I have heard a nurse say: "Oh, it's useless to try to be aseptic in the nose and throat, with the patient coughing and vomiting over the wound."

Now, you all know that absolute asepsis in nose and throat work is impossible, for the reason that these cavities cannot be scrubbed and sterilized, nor can they be bandaged up and the air excluded. *But we must not allow ourselves to be careless in our technique.* Remember, that while we cannot protect our wound from infection from the air, and from the patient's own secretions, yet this must not lead us to be careless with our instruments, our hands, our solutions and our dressings. In other words, we must be sterile so far as contamination from a previous patient is concerned. It will not do to sicken, perhaps kill our patients by infecting them, with erysipelas, for instance. It is unnecessary to tell you to never use bichloride or carbolic solutions in throat operations, except for the hands.

### EAR.

*Earache.*—You all know what earache is. If any of you ever get the earache, just remember this: Never put anything into your ear but a hot sterile water douche. Physicians use drugs for special conditions, but

you should never use anything but sterile water, to which may be added bichloride of mercury as hereafter suggested.

But let us go a little deeper into the subject. There are two kinds of earache, due to very different causes. One kind is due to a furuncle or boil in the external ear canal, and does not involve the hearing. It is due to infection and is always avoidable, if you can break yourselves of the habit of inserting hairpins, pencils, match sticks or your fingers into your ears, to relieve the itching that every one occasionally feels in the ear. If you feel that you must scratch your ears, first sterilize your fingers, or your hairpin, or pin, and also the field of operation. If you do not do this, some day you will rub pus germs down into the little follicles or oil glands, and set up one of the most painful, though least dangerous, of ear troubles—a boil in the external canal. Once the infection is thus thoroughly implanted, it is difficult to eradicate; and crop after crop of boils is apt to make life miserable. If you are so situated that you cannot have the ear examined and treated, start in at once with a hot sterile douche, repeated every fifteen minutes, as hot as can be borne or a little hotter. If convenient, the solution may be 1-5,000 bichloride of mercury, though the heat and moisture will be most efficient in relieving pain. An incision of the focus of suppuration is, of course, indicated; but you cannot do this yourselves. After the attack is over, the best preventive is the daily use of the douche with the bichloride solution just mentioned.

One word of warning in regard to bichloride and other poisonous solutions. Be sure that the solutions do not reach the throat,

\* Prepared from Lectures delivered to the class at the Western Pennsylvania Training School for Nurses, and contributed to THE TRAINED NURSE.

by way of the eustachian tube. This can only happen if the drum membrane be absent. You have no way of seeing whether it is absent or not; but, if you watch, you will see the patient cough and choke from the solution in his throat.

If you are so situated that you must treat your own ear, remember to use the douche hot, to use it frequently and to have it sterile. With this latter precaution, if you have made a mistake in your diagnosis, the douche, either as a cure or preventive, is harmless. In douching a patient's ear, always remember in the case of a child or an adult, to pull the ear upward and backward; in case of an infant, always pull backward and downward. This is for the purpose of straightening the fibrous canal, which normally lies somewhat crooked. In an infant, be careful not to insert the douche tube far into the canal, for the drum membrane is close to the surface. In later life it is deeper, and the douche nozzle may be inserted farther in, but never far enough to cork up the canal and prevent the escape of the return flow.

As my first warning, I quote from that famous teacher, the late Professor Gross, "Never put anything into your ear smaller than your elbow," to which I would add, "Unless it and the canal are sterilized."

The other kind of ear trouble is also an infection. You have all heard the expression, "caught a bad cold and settled in the ear." It did not *settle* there. It was blown up the eustachian tube while blowing the nose. The eustachian tube leads from the upper throat into the middle ear, its purpose being, chiefly, to maintain a pressure within the drum cavity, equal to that of the external atmosphere. When you hold one side of your nose, closing one nostril, and then blow violently, you are very apt to force infective pus or mucus up into your ears and set up an acute purulent otitis media—what is popularly called a "bealed ear."

Ninety per cent. of all the mastoid cases

that come to this table are started by infection that has reached the ears through the eustachian tube. I have just warned you against infecting the external canal with your fingers and other things. Now, my second warning is:

*Never blow your nose hard enough to feel it in your ears.* Neglect of this warning may bring you to this operating table with a mastoid abscess to be chiseled open.

*Mastoid.*—Suppose the earache is due to an acute infection; pus forms; it erodes its way backward into the temporal bone, forming an abscess back of the ear. The mastoid operation consists in opening this bone abscess. You will see in the skull which I will pass around, the opening made in the bone in performing this operation. The nursing of a mastoid case is much the same as in ordinary surgical cases. Two things, however, nurses have often overlooked in nursing these cases for us—these are chills and sweats. These are often very slight, the chill being only noticeable by the cutis anserinus, or "goose flesh"; the sweat amounting to only a slight dampness of the skin. However slight, these are important symptoms, and must always be carefully noted on the chart. Another thing—many of you may have wondered why we sometimes want the temperature taken every two hours, or even every hour. This is because in certain complications, which we are on the lookout for, the temperature may run from normal to 105°, and back to normal again in an hour or so.

If the temperature be not taken at frequent intervals, these fluctuations might be missed on the record.

#### NOSE.

If I were to ask you, "What is the function of the nose?" you would all promptly reply, "To smell with." This is true, and further, through the sense of smell, the sense of taste is assisted. When the sense of smell is suspended by the swelling incidental to a "bad cold in the head," the sense of taste loses the

assistance of the sense of smell, and tasting becomes seriously blunted. But the sense of smell is the least important function of the nose. Its most important function is to warm, moisten and filter the inspired air, thus preparing it for contact with the delicate lung tissue. For this purpose, the inside of the nose, instead of being a smooth, straight tube, is thrown into folds and projections, so as to afford the greatest number of places for the air blast to strike against, and also to afford the greatest possible surface to warm and moisten the inspired air, as it passes over. For the moistening function, the glands in the mucous membrane pour out large quantities of serous secretion, keeping the surface always moist. When the air blast strikes a surface, the current is deflected, but the foreign bodies, the dust, the lint, the soot, the microbes—all kinds of suspended matters, adhere to the moist surface of the mucous membrane, and the air is cleansed thereby. This is the principle of the filtering function of the nose. If the unwarmed, unmoistened, unfiltered air went directly into the lungs, irritation and inflammation might result.

The nose *does* get irritated and inflamed in doing its duty; but inflammation here is not, ordinarily, a serious matter, while inflammation in the lungs always is. It is the heavy filtering duty required of the nose in Pittsburg, fully as much (or more than) our changeable climate, that causes catarrhal nose and throat trouble in 80 per cent. of Pittsburg's resident population. That the excessive filtering duty is the greatest factor is shown by the fact that catarrhal troubles are less prevalent, though prevalent enough, outside the city's halo of smoke and foreign-matter-laden air.

A full understanding of this matter of the warming, moistening and filtering functions of the nose is absolutely essential to the proper nursing of a tracheotomy case, as will be explained later. It will also enable you to understand the importance of nasal breathing.

"Keep your mouth shut" is a golden rule for the attainment of health as well as of happiness. If you cannot get plenty of air through your nose, while asleep or awake, find out the reason why.

#### HEMORRHAGE.

First, *epistaxis*, or nosebleed.

The word *epistaxis* means to drop upon. Nasal hemorrhage, when it comes forward, usually comes drop by drop, not a steady stream or oozing. When traumatic, it is due, of course, to the injury to the blood vessels. When not associated with any injury, it is usually due to the bursting of a small vessel on the forward part of the septum (the septum is the partition wall between the right and left nasal chambers). When it follows an operation, it may be from either large vessels or oozing from the capillaries. Whatever its cause, there are two ways to stop it. The first way, is to push up small pieces of ice into the bleeding nostril, far enough to remain. The pieces should be as thick as a lead pencil, and an inch long. No harm can result, if the sharp corners of the ice are first rounded off with the fingers, so as not to cut. The ice should be, if obtainable, artificial ice, which is made of distilled water. If ice should fail to stop the hemorrhage (which will be rare, indeed), the next thing to be done is to saturate a long, large pledget of cotton with adrenalin chloride solution (1-2,000) squeeze it dry and force it far into the bleeding nostril with a probe. When the bleeding from the nose is stopped, assure yourself that it is not running down the throat. If it is, push your plug farther back, and, if necessary, use a longer plug. Always have the patient sit up straight and have his neckband loose.

*Tonsillotomy* and *adenoidectomy* are sometimes followed by hemorrhage, some hours after the operation. It is important to look at the patient occasionally to make sure that blood is not running down the throat during sleep. It is not necessary to disturb the pa-

tient for this, it being sufficient to have the patient's head turned forward, partly on the face, with the mouth and nose touching the towel-covered sheet; no pillow being used. In this position, if there be any hemorrhage, the blood will run forward out of the mouth and nose; notify the attending physician at once, but if it be necessary for you to check it, open the mouth, depress the tongue, sponge away the blood, and look to see the source of the bleeding. It will be found to come from one of three sources: Down from behind the palate, or on one or the other side of the throat, at the site from which the tonsils have been removed. If it should proceed from either side, and is slight in amount, sucking ice will often stop it. If this fail, or if the hemorrhage be considerable, it is best to stop it by pressure with a small tampon of cotton held on the bleeding spot with the forefinger until the surgeon arrives. It is safer to tie a string to the tampon, lest it fall from reach down the throat. If the bleeding be seen to

come down from behind the palate, a tampon may be pushed up behind the palate and held there with the fingers. This is a very rare form of hemorrhage.

#### FOREIGN BODIES.

*Foreign bodies in the nose* require special illumination and instruments and special skill for their extraction.

*Foreign bodies in the ears*, such as insects, can be removed by syringing with water. This is harmless. Do not be tempted to attempt instrumental removal. It requires special light and instruments.

*Foreign bodies in the throat* can sometimes be removed with the fingers or by slapping the patient violently on the back. If the foreign body becomes wedged in the larynx, immediate asphyxia (suffocation for want of air) may kill the patient, and unless you are able to dislodge the foreign body with the fingers, or by slapping, the best of nurses will be powerless to prevent it.

(To be continued.)

### Boston and the Milk Question

In the new milk regulation, just issued, the Boston Board of Health places the limit on the number of bugs that a person should swallow with a glass of milk at about 100,000,000. Occasionally the milk inspectors will sample the milk in stores, restaurants, bakeries and shops to count the organisms, and if they find an excess will prosecute for violation of the rules. The new article in the rules provides that no person shall bring into Boston for the purpose of sale any milk which contains more than 500,000 bacteria per cubic centimeter, or which has a temperature higher than 50°. This amount is selected for

convenience in examination, and represents about 80,000,000 to 100,000,000 in an ordinary glass of milk. This regulation will have the effect of inducing farmers to keep their stables clean and well ventilated, because if the milk remains warm a long time and foreign substances come into it, the bacteria increase at an enormous rate; kept down at 50° the growth of bacteria is checked. The regulations require, also, that the milk in stores, restaurants, bakeries, and on the market, shall be kept in cool, inspected refrigerators, no can to be kept on the outside longer than while the sale is being made.—*Boston Transcript*.

# The Role of the Nurse During the Use of the Stomach Tube—The Therapeutic Use of the Tube

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## SECOND DEMONSTRATION

I HAVE left for this second demonstration the considering of antiseptics as applied to the use of the stomach tube. Unless a bacteriologic examination of the stomach contents is to be made, it is unnecessary to attempt the exclusion of ordinary germs, as in surgical operations. Indeed, it is impossible to exclude mouth bacteria from the stomach contents, and the mouth bacteria include some of the ordinary forms found in air and water. At any rate, for practical purposes, ordinary cleanliness suffices. You will have noticed that, at the last demonstration, the tube was simply wet with water before using and that I washed my hands carefully but did not go through the elaborate process of a surgeon. However, we should be careful not to infect the patient with any specific disease, especially tuberculosis, syphilis, and, to be on the safe side, let us include cancer. The real cleansing of the tube is done after, not just before it is used. First of all, hot water is run through it, preferably by slipping it over a faucet. The mucus and adherent stomach contents are washed off with hot water, rendered alkaline with a handful of soda and borax, and the tube is then soaked in such a solution. If we can be absolutely sure that the patient has no infectious disease, such treatment would be sufficient and we could then give the tube a final rinsing in hot water, wipe it dry and put it away. But as the germs of diphtheria and pneumonia are often found in the throat and mouth of healthy persons, and as we can never be sure that the patient has not some obscure form of syphilis, an unsuspected cancer, or various other diseases, thorough disinfection is always advis-

able. On the whole, the simplest method of disinfection is to boil for half an hour. These processes of cleansing the tube leave it a little streaked and I once asked a friend of mine in another city how he kept his tubes so bright and fresh. He replied with a laugh that the secret consisted in giving them a wipe after use and putting them away. So I have abandoned the hope of keeping my tubes like new.

While the patient is being prepared, let us take a look at the tube. Here is one belonging to the hospital, which is in two pieces, besides the soft rubber funnel, and the two hard rubber joints. There is a crack in one of the pieces, at a joint, which would interfere with siphonage. In attempting to remove the piece, it sticks, showing that it has been put away, and perhaps even cleansed, without separation. In using a jointed tube, it should always be cleaned and disinfected and put away in sections. The joints should be tight, to avoid a sudden deluge from accidental separation during use, but it should be possible to pull them apart without delay. If the end of a section at a joint has become stretched, it should be cut off and, if the tube becomes brittle, it should be thrown away, as if it should break, during use, an operation would probably be necessary to remove it from the stomach. Sometimes, however, brittle soft-rubber tubes may be renovated by soaking in hot water with a little ammonia. You will notice that the catheter end of this tube is very small, although, otherwise, the tube is large enough for washing the stomach and even for the extraction of stomach contents. Such tubes are made by turning in the free end, which I now pick out with a pen-

knife, so as to enlarge the end of the tube considerably, and by cutting off the extreme tip and rounding off the end of the tube with sand paper or emery cloth, we can make a fairly useful tube out of what was previously a mere toy.

For the demonstration of stomach washing or lavage, we have the same patient as before. He has had no food since dinner, eight hours before. At that time, he had a hearty mixed meal, including onions. Onions, cabbage, lettuce, cauliflower, turnips and similar fodder are not proper food for patients with a tendency to gastric stagnation. Indeed, personally, I would go further and say that they are not proper food for human beings at all, nor for live stock that is producing milk or that is soon to be killed for food. However, this is purely an esthetic matter and a person in robust health may usually eat such food with impunity.

I have personally broken one of the rules given last time, with regard to getting the stomach ready for lavage. We cannot be sure that, even after eight hours, this stomach will be empty, but it is advisable to test the motor power of the stomach further, and if we find the contents still in the stomach, it will corroborate the diagnosis of gastric stagnation, for a normal stomach should have propelled even a hearty mixed meal into the intestine within six hours.

In addition to the utensils needed for the extraction of stomach contents, including a non-corrodable receptacle for such specimens as we may obtain, we need a large pail or slop jar that will hold several gallons, a quart pitcher to pour from and a stock pitcher holding several quarts of hot water, with more available at a moment's notice. Sometimes it requires repeated washing to get the stomach clean and the operation should not be interrupted to get fresh supplies, because we want to consult the patient's comfort and, sometimes, his strength must be carefully guarded, as in a major operation. Be sure

that the small pitcher pours easily, without slopping, and that the water is of the right temperature—usually as hot as you can bear your hand in it for a full minute, but no hotter. We also usually need some cooking soda, of which a tablespoonful is added to each quart pitcher, or a concentrated solution of soda and borax may be used. I also want to use some hydrogen peroxid in this case, and various other medicaments may be needed for particular cases. It will do no harm to ask about these in advance, although the physician should remember to give you a list. If you should notice that the physician is about to use mercuric chloride, carbolic acid, etc., even in ordinary strength, for external use at operations, it would be a breach of etiquette to object, but you would probably save a life by doing so. I mention this point as the experiment has been occasionally tried by thoughtless physicians, with fatal result in some cases.

In my office, I have a goose-neck faucet connected with both hot and cold water pipes, so that the water may be adjusted to flow at any desired temperature, and thus the use of pitchers is done away with, and I can dispense with an assistant, if the patient is tractable, and can hold the tube in place with one hand. In washing the stomach at private houses, one assistant is usually necessary, and you must arrange the pitchers so as to hold the tube with one hand, as was shown at our last meeting, and fill the small one from the large and stir in the soda with the other hand. It requires some degree of ambi-dexterity to do these duties, but you cannot expect an extra nurse, and members of the patient's family are liable to be suddenly incapacitated by vomiting or fainting. You must, yourselves, make up your mind not to be nauseated by the sight of stomach contents, which are sometimes rendered foul by onions, etc., or by fermentation or putrefaction, and which may sometimes consist of intestinal contents. The other day, I had to wash the



stomach of a case of cancer with intestinal obstruction, to remove highly toxic, fecal matter from the stomach. In other cases, in which the cancer involves the stomach itself, it may be imperative to remove actually rotten fragments of meat or of the cancer itself, and as the patient is usually in a critical condition, much depends upon the ability of the nurse to control her natural sensibilities. In the first case mentioned, I started with the realization that the surgeon often has, that there was an appreciable risk of death during operation, and the sudden incapacitation of the nurse would seriously have added to the danger. But, as usual in your profession, she did not disappoint the confidence placed in her.

In this case, you can readily appreciate the necessity of having at hand a receptacle not easily attacked by gastric juice, to catch anything of diagnostic interest that may appear. But, even when least expected, we may obtain a fragment of gastric mucous membrane, a section of tape worm, some other parasite, a gall stone, etc. Last summer, I saw on the deck of a steamer, a lumbricoid worm that some steerage passenger had vomited, and one of my own patients vomited several of these worms. Indeed, the presence of a lumbricoid in the stomach is quite common.

As I feared, the tube has become obstructed, but the patient has vomited with the tube a considerable mass of onions eaten over eight hours ago. It is significant that we find no meat or fish and no considerable quantity of starchy residue from bread and potato in the stomach contents. In other words, this patient can probably dispose of reasonable food and it is unnecessary to diet him, except to the degree of excluding fodder vegetables, which have very little food value, except to an animal with very elaborate digestive organs, like the horse, cow and sheep—the herbivoræ.

I will now resume the lavage, after clearing out the tube under the faucet and expelling a plug of onion. A few washings have sufficed to remove the scanty amount of mucus present and the remnants of food. I will leave about a quart of water in the stomach, to assist in washing the food through the bowel.

There are many interesting technical points about this case which it is scarcely worth while to consider here, but I may say that the patient has gastro-enteroptosis, or a sagging of the bowel and stomach in the abdominal cavity, which interferes with the onward course of the contents, partly on account of muscular weakness and partly because it is literally up-hill work for the stomach to discharge its contents into the duodenum.

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### To Prevent Bed Sores

Forbes, in the *Maryland Medical Journal*, advises to wash the parts twice a day with a solution of one half ounce each of alum and common salt in a pint each of water and alcohol.

# Information for the Obstetrical Nurse—Previous to Confinement

**S. Virginia Lewis, M.S.N.**

Author of "Nursing, a Hand-Book for the Untrained"

## SECOND PAPER

**A** VERY important item, and one which, but for some oversight, would have received mention in the preceding paper, is that which relates to the function of the kidneys. It is expedient that examinations of the urine be made from time to time, particularly if there exist any suspicious indications. Have your prospective patient forward a sample of her urine to her physician, unless he has already taken the matter in hand. Its condition may point to that grave sequel—eclampsia; those terrible puerperal convulsions, which so often terminate fatally, may be averted by timely and proper treatment in many cases.

### WHAT SHOULD BE PROVIDED FOR THE BABY.

Plenty of plain slips; six flannel petticoats; four long sleeved flannel shirts; four strips of flannel for bands, measuring about half a yard in length and six inches in width, with their edges simply whipped over in preference to a hem; about four dozen cotton diapers, in two or three sizes; a small old blanket; a woolen shawl or wrap; a soft sponge; salicylated absorbent cotton; plain absorbent cotton; Castile soap; a small jar of cold cream; a puff, and some good baby powder, like talcum, Comfort, or lycopodium; a soft hair brush; pieces of old soft muslin or linen, for the eyes and mouth, and about two inches square; the same, about four inches square, for dressing the cord; large and small safety pins; blunt pointed scissors, and three or four pieces of linen or silk cord—heavy Chinese silk is excellent—for tying the umbilical appendage; the silk to be cut into about eight-inch lengths.

Many a young mother will be glad to know

just what things she should have on hand for the newcomer; while those who have previously borne children will, of course, know pretty much what will be needed, excepting that a large number are always too apt to elaborate in the matter of ruffles and other furbelows, starch, etc., which superfluities often diminish a baby's comfort.

### PRELIMINARY DUTIES OF THE NURSE.

If sent for in an emergency, it is to be hoped the nurse can find time for donning clean clothing, and packing her bag; or at least for sterilizing her hands before leaving home, as it takes several minutes for a germicide to act; she might place the remainder of such a solution in a bottle for use upon her arrival, while bichloride tablets and boric acid powder could also be taken. Other requisites could be sent to her as soon afterward as possible.

Inquiring into the condition of her patient, she should note whether the pains be severe, if frequent or otherwise, and how long they have been in progress, also as to whether they become stronger and grow closer together. Find out if the waters have broken, if there be any show present, and if the doctor be expected soon. Administer a simple enema to clear the intestines, unless there has been a recent and free bowel movement. See that the bladder is emptied. Should there be time to do so, give the patient a full warm bath, and place upon her a clean plain night dress, drawers and white stockings. As to giving a douche at this time, that will depend upon what you have learned of the doctor's wishes upon the subject. Unless otherwise directed, a vaginal injection of bichloride of

mercury, 1 to 2,000, may be administered. At any rate bathing the external genitals with that or a similar solution is enjoined. Arrange the hair in two braids. Just as in a surgical case, all unnecessary furniture, etc., should be removed from the room.

Preparatory to making any examination, the physician will require warm water, soap, a new nail brush, a 1 to 1,000 bichloride solution, towels, and aseptic cosmoline.

In preparing an obstetrical or surgical bed some nurses first of all place a rubber protector over the mattress. Personally I do not like bed making begun in this way, because soiling necessitates removing the under sheet, and disturbing the patient more than need be. A much better method, according to my way of thinking, is to first place upon the mattress the muslin sheet, drawn tight, and tucked well underneath. Now put on the rubber sheet, and over this a draw sheet, or pad, pinning at the corners so it cannot slip. This is the permanent bed. Then, over this, place a second rubber and draw sheet, to be removed after delivery. A second rubber protector is not always to be had, however, so the permanent bed may be preserved from soiling by the substitution of a pad made from many thicknesses of newspaper covered with a layer of muslin, all to be loosely tacked together. With a thick absorbent pad on top, the surface bed will be found comfortable enough during its temporary use. Cheese cloth is good covering for pads, but must be boiled first; while cotton used should have previously been sterilized by baking for one hour. Nursery padding which may be bought at some of the stores is excellent, as it is easily laundered. A very few physicians bring with them a rubber operating pad, which is certainly superior to home inventions.

Near to the register, in cold weather, should be placed the baby's basket, fully equipped with toilet appliances, etc.

Upon a table near the bed (personally I

prefer it at the foot of the bed), lay the abdominal binder, which shall measure half a yard in width, to reach from the sternum to the pubic bone, and long enough to go once around the body and overlap a third. Some accoucheurs do not bandage the woman, though, according to my experience, at least, the majority appear to favor bandaging. Patients almost invariably express themselves as deriving comfort from the binder. Besides this, place upon the table the safety pins and napkin; a half pound package of absorbent cotton, to be used in case of hemorrhage; a small vessel containing a saturated solution of boracic acid, with the cloths for cleansing the baby's eyes and mouth; place the silk for tying the umbilical cord in a small vessel of carbolic acid or other disinfecting solution; in the carbolic solution may also be placed the soft rubber catheter; do not forget the scissors for severing the cord; a small jar of aseptic cosmoline; plenty of aseptic cloths for wiping away discharges and cleansing the genitals; also two or three basins for plain water and germicidal solutions; a bottle of brandy, and one of ammonia; a pitcher of cool water for drinking, along with a tumbler.

For protecting the carpet lay a strip of oil-cloth or carpet alongside the bed. Underneath the bed place a bedpan, a receptacle for urine, another in the event of vomiting, and one in which to receive the placenta.

Over the rack hang a dozen clean towels, and provide two slop jars or buckets. Be sure the syringe to be employed is a new one, and submitted to sterilization. Then hang it in a place convenient for use, keeping the nozzles in an antiseptic solution until needed.

If the patient be yet upon her feet, some obstetricians insist upon newspapers or a clean sheet for her to walk upon.

#### THE MATERNITY PROTECTION OUTFIT.

Recognizing the importance of thorough sterilization as applied to every detail,

several maternity outfits have been placed upon the market. If I remember correctly the price of one is not above five dollars, perhaps less, and is sure to be appreciated by all concerned. The contents of one such case includes one large obstetrical pilch or bed protector; a half dozen small pads; rubber blanket, one and one half yards square; two dozen sterilized muslin cloths; package of salicylated cotton; one reel sterilized silk; a surgeon's needle; two aseptic sponges; a half dozen sterilized safety

pins in a bottle; a jar of sterile petroleum; a maternal binder; a half dozen napkins; a sterilized syringe; about a dozen corrosive tablets; a cake of sterilized toilet soap; also the necessary clinical charts, and a special obstetrical chart and report blank.

In addition to these, of course, the expectant mother would require to provide the necessary number of clean sheets, and other bed clothing; besides night gowns, a loose wrapper, bedroom slippers, and whatever else may be designed for her comfort.

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### Is Fish Good for the Brain?

As a rule, when a food is assumed to have specific reparative properties—as, for example, a so-called brain or nerve food—the fact really is that such food is easily and quickly assimilated to the body's general advantage; in a word, in such a case repair quickly overtakes waste and a real purposeful nutrition and restoration are accomplished. The administration of such elements as phosphorus or iron in medicine is, of course, a different matter, but these elements are evenly distributed in the materials of a daily diet. It is often stated that fish is a food which ministers particularly to the needs of the brain because it contains phosphorus. As a matter of fact, fish does not contain more phosphorus than do

ordinary meat foods, and it certainly does not contain it in the free state. The notion that fish contains phosphorus had, no doubt, its origin in the glowing of phosphorescence in the dark. This phosphorescence is due not to phosphorus at all, but to micro-organisms. The belief, therefore, that fish is a brain food is just about as reasonable as the idea that because a soup is thick and gelatinous "it will stick to the ribs," or as sensible as the celebrated advice to Verdant Green to lay in a stock of Reading biscuits to assist his reading. Fish, of course, is excellent food, partly because of the nourishing nature of its constituents and partly because of its digestibility. But it is in no sense a specific for brain or nerve.—*Lancet* (London).

# Artificial Feeding of Infants

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(Continued from May)

**F**RESH cow's milk must be the basis of an artificial food for infants, because it contains the only available form of proteid that will develop the baby's stomach (produce curds) which is so necessary. Other forms of proteid are nutritious enough, but do not have this property. Cow's milk does not perfectly suit a baby's stomach, so we must adapt it as far as possible. The older methods of doing this were by the addition of chemicals—lime water and baking soda—which prevent the stomach secretion acting readily on the milk, which then easily passes into the intestines, but we believe now that we should not retard the action of the stomach but encourage its use and development as much as possible, and only add chemicals to the food when the digestive secretions are abnormal. It has been found by careful experiments that the secretion of the stomach juices is naturally brought about, by absorption of the products derived from the action of the saliva of the mouth on the food. Now, saliva partially digests the carbohydrates of bread, potatoes and the cereals (starch), so in preparing infants' food we use partially digested cereals in the form of digested gruels. Digested gruels bring about a natural secretion of the digestive juices and also, when mixed with cow's milk, cause the curds to be loose and much like the curds of breast milk. These mixtures are not as good as breast milk, but are much in advance of any other mixtures that have been suggested. The modified curds of cow's milk develop the stomach and furnish proteid; the digested gruels produce a natural secretion of the digestive juices and also furnish proteid and a carbohydrate which the infant is prepared to assimilate, so there

is no danger of the infant forming too little blood, bone and muscle.

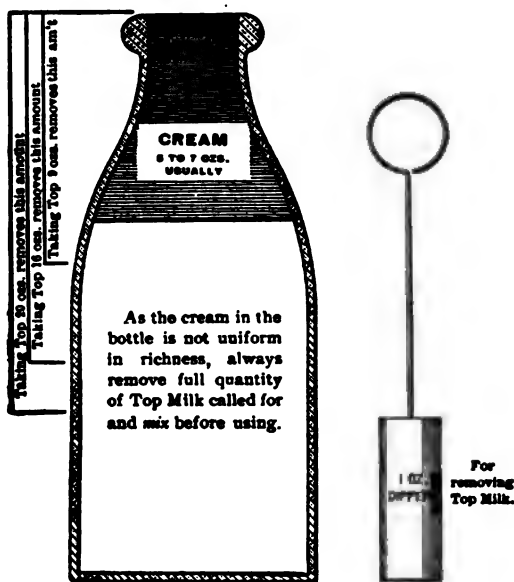
When it is possible, get from a reliable milkman the mixed milk of several cows that has been cooled and put in the regular quart milk bottles soon after milking. If this is done, there will be a layer of cream in the neck of the bottle when it is delivered to the family. The character of the milk is greatly changed if the cow becomes frightened, nervous or sick, so that the chances of securing a natural milk are better when the milk of a number of cows is mixed. Therefore the milk of one cow is not as good as mixed milk. Cooling the milk prevents its souring or otherwise changing. Milk does not change much in cold weather, as you know. Bottled milk is best, because it is not opened from the time it leaves the dairy until it reaches the home, so there is little chance for disease germs to get into it.

Infants can digest the fat and carbohydrates of cow's milk without difficulty, but have difficulty with the proteids (curds). Cow's milk contains much more proteid than human milk, and besides it is of a different character, therefore we dilute the cow's milk to reduce the quantity of proteid in the infant's food. Instead of diluting with water, we dilute with digested gruel, because this renders the curds of cow's milk more like the curds of human milk and also promotes a natural secretion of the digestive juices, as has already been mentioned. This dilution of milk reduces the quantity of fat and carbohydrates (sugar) to below what the infant needs, so these must be added in making the food. At one time, cream, which contains a large amount of fat, was added to the infant's

food, but this method is difficult to follow and gives uncertain results, as cream varies greatly in richness. A much better method which was worked out in this hospital is rapidly displacing the older method.

**QUART MILK BOTTLE (32 OZS.) WITH CREAM RISEN.**

The first dipperful, or ounce, must be removed with a teaspoon, or the bottle will overflow; then dip from as near the surface as possible, as many dipperfuls or ounces as are called for into a pitcher or bowl.



With this dipper, known as the Chapin Dipper,\* which holds one ounce, we dip from a quart bottle of milk, all the cream and more or less of the remaining milk as will be explained later, and mix and make what is known as top milk. When diluted with the digested gruels, this top milk supplies the proper quantities of fat and proteids. The carbohydrates or sugar is then added. In preparing gruels for diluting milk: 1. Take one or two heaping tablespoonfuls of barley, wheat or rice flour and beat this into a smooth paste with cold water. 2. Pour on this a quart of boiling water and boil for fifteen minutes in a double boiler. 3. Set the boiler in cold water to cool the gruel, and when cool enough to taste, add one teaspoon-

ful of Cereo, which is a preparation for digesting the gruel, as saliva would digest it. Stir, add salt and keep the gruel warm until it becomes thin. Then cool it and it is ready to use for diluting the milk. This whole process takes but a few minutes. Sugar must be added to the food, as will be explained further on.

Gruels may be made from pearl barley or rolled oats. Two heaping tablespoonfuls of barley or two to four heaping tablespoonfuls of the rolled oats must be used to the quart and boiled until well softened, and then cooled before adding the Cereo. Pearl barley will require three hours boiling—rolled oats about half an hour. The gruel must be cool enough to be borne in the mouth before adding the Cereo.

The table on next page will give you an idea of how often and how much to feed at a time. In preparing the food, dip off 9, 16 or 20 ounces, or dipperfuls, from the top of the quart milk bottle into a pitcher or bowl. The lines on the side of the bottle in the illustration show how much will be removed. Take the quantity of top milk called for in the feeding mixture from the pitcher or bowl, not from the milk bottle; mix this with the digested gruel and dissolve the sugar in the diluted milk. Two level tablespoonfuls of milk sugar or three of granulated sugar equal one ounce. Either may be used.

After the food has been prepared, it is better to place it in separate nursing bottles. Round graduated nursing bottles that will hold eight ounces should be selected and the quantity for one feeding placed in each bottle and the bottles stoppered with a tightly twisted tuft of clean cotton. If corks are used the milk gets into the pores of the corks and sours, and if the baby's food comes in contact with the corks, it is very apt to sour, too. In the summer time, when the baby's food is liable to sour, it should be pasteurized, heated up to 160° F. for twenty minutes, and then cooled and kept on ice. Milk sours because

\*This dipper can be had by mail for five cents of Cereo Company, Tappan, N. Y.

FEEDING SCHEME.				INGREDIENTS.			APPROXIMATE COMPOSITION.		
Age	Number of Feedings in 24 hours	Size of Feedings	Feeding Intervals	Milk	Digested Gruel	Sugar	Fat Per Cent.	Proteids Per Cent.	Sugar Per Cent.
1 week	9	1-2 ozs.	2 hours	of 9 oz. } 2 ozs. Top Milk use	13 ozs.	$\frac{1}{2}$ oz.	1.50	.80	7
2-4 weeks	9	2-3 "	2 "		24 "	1 "	2.00	.95	7
1-3 mos.	8	3-4 "	2-3"	Top 9 ozs.	24 "	1 "	3.00	1.10	7
3-6 "	6	4-6 "	3 "	Top 16 "	24 "	1 "	3.00	1.50	7
6-9 "	6	6-8 "	3 "	Top 20 "	20 "	1 "	3.00	1.80	7
9-12 "	5	8-9 "	3 $\frac{1}{2}$ "	1 qt whole milk	12 "	1 "	3.00	2.50	6
12-18 "	5	9-10 "	3 $\frac{1}{2}$ "	2 $\frac{1}{2}$ pts. whole milk	8-12 "	1 "	3.20	2.60	6

certain bacteria change the sugar of the milk into acid. Heat kills these bacteria.

To pasteurize the food, it may be placed in a double boiler and just brought to a simmer, and then kept hot for twenty minutes, or a regular pasteurizer may be bought, in which the feeding bottles are placed in hot water. Pasteurized food should always be kept cool as well as fresh milk.

The baby should be fed at regular intervals and the stomach allowed to finish one meal before a second is given. As the infant grows older, the feeding intervals are longer, because at birth the stomach digests very little of the food and empties into the intestines in a short time, but as it becomes stronger, the milk of the food is rendered denser by the secretions of the stomach and leaves it more slowly, partial digestion by pepsin taking place in the *stomach*, which takes more time.

Black rubber nipples are the best, and the hole in the nipple should be just large enough to allow the food to drop rapidly when the bottle is held upside down. The food should be warmed by placing the bottle in warm water before feeding. The night feedings should not be warmed up before retiring and kept warm, for in a few hours the warm food may change or turn and make the baby sick. Warm the food *just* before using. Inexpensive food warmers can be purchased. Allow a few drops of the food to fall on your wrist

before giving it to the baby, to be sure it is not too hot. Do not put the nipple in your mouth. Hold the baby while feeding it and do not allow it to be over twenty minutes in taking its food. If it is asleep when it is time for the bottle, wake it, and in a short time it will form a habit of being ready for meals at the regular intervals; a very good plan is to write down the hours of feeding, as 7-9-11-1, etc., and not trust to memory. Not over two feedings at night will be necessary for the new born infant, one at 11 P. M., and the other at 3 A. M. After four to five months, no night feedings are necessary. Never save any food over a day, but prepare fresh food every day, as pasteurized food, particularly, that is a little old, will often produce vomiting or diarrhea. If the baby is restless at night, feedings of digested gruel may be given instead of the regular food. It is always well to put up one or two feedings of digested gruel, and if a milk feeding is vomited, give the gruel until a fresh supply of milk can be obtained. A great deal of trouble, and often sickness, may thus be avoided. Cooled boiled water should be offered between feedings, if the baby appears hungry; it may be thirsty. As long as the baby gains at least four ounces a week on any of the mixtures given in the table, it is doing well. If its digestion is good and it does not gain in weight, use the next stronger feeding mixture.

It should be remembered that fresh air is about one half of a baby's food, so before concluding that a baby's food is disagreeing, see if the baby is receiving foul air.

After the bottles, dipper and other utensils have been used, they should be rinsed in cold water and washed with hot soap suds and scalded, and then kept inverted until ready to be used again. If rinsed with hot water a scum of milk cooks on which is hard to remove. The dipper should be dried. The nipples should be kept in a weak solution of borax when not in use. This prevents germs growing on the nipples.

The stools will help you to decide if the feeding mixture is the correct one. The first stool after birth passed by an infant is usually black in color and sticky. After the digestive process becomes established, the stools are smooth and of a golden yellow color. If the stools contain white, cheesy curds, the quantity of milk in the mixture should be reduced for a day or two or stopped entirely, and digested gruel given for a few feedings; a weak milk mixture may then be tried, which may be made up with plain milk instead of the top milk. A teaspoonful of lime water or a pinch of baking soda may be added to each feeding, to prevent the stomach secretion acting too strongly on the milk. If there is much colic, the same rule applies, but the feet and abdomen should be kept warm, as colic may come from cold. A hot water bottle wrapped in flannel applied to the feet, and a warm flannel cloth on the abdomen, will often relieve colic. When there is vomiting and diarrhea, or blood or mucus in the stools, a teaspoonful of castor oil should be given at once and all milk food stopped; digested gruel should be given and a physician should be called, as the food has undergone some harmful changes and is poisoning the infant. During intensely hot weather, it is best to use feedings for a much younger infant, as the infant is depressed by the heat and cannot digest its usual strength of food. When there

is vomiting of tough stringy curds, the baby's stomach is very acid or the milk was partly sour when fed. Examine the milk supply and pasteurize the food as soon as made, as heating milk alters it so that it curds less firmly. In most cases, this will stop the trouble. If it does not, feed mutton broth for a day and get back to regular feedings gradually and try another milkman.

Mutton broth is made by slowly boiling a pound of chopped lean mutton and cracked bone with a pint of water for two or three hours and obtaining about half a pint of broth. This is strained and cooled, the fat being removed. It jellies on cooling, owing to the gelatine extracted from the meat. It may be served warm or cold in two ounce feedings, as is best taken. Vomiting immediately after feeding small quantities of food usually indicates that the stomach is too full; a little less food should be given next time.

Some infants who do not appear to take their food well do better if a teaspoonful of juice expressed from slightly broiled round steak is added to each feeding. This is appetizing and stimulates digestion. It should not be given regularly but only when demanded. Be sure the meat is free from taint, as slightly tainted meat may make the baby sick.

Occasionally, some infants cannot digest fresh cow's milk in any form. In these cases condensed milk highly diluted with digested gruel will often succeed. If this is retained, make a mixture of equal parts of cream from a bottle of fresh milk, and canned condensed milk, and use one tablespoonful of this mixture to 8 to 12 tablespoonfuls of digested gruel, but do not add sugar. Condensed milk is a poor food for infants, although they become fat on it. To preserve the milk a great deal of sugar is added. When the condensed milk is diluted so that there is not too much sugar in the food, there is so little proteid that the baby cannot make much blood and muscle. Condensed milk babies are fat, flabby and



pale, late in walking and teething, and sicken and die easily, as they have little power to resist disease.

Constipation is best overcome by regularity in habits of feeding and by using digested oatmeal gruel to dilute the milk. Well cooked and strained prunes, two to three teaspoonfuls at a time, are also beneficial, as are orange juice and baked apples for older infants.

When the teeth appear, it is a sign that the infant is ready to begin eating solid food. A cracker to chew may be given; later well cooked cereals, especially oatmeal, are good, but they must be thoroughly cooked to rupture the vegetable fibres that surround the nutriment. Bread and milk is also a good food at weaning time. As digestion becomes stronger, half a soft boiled egg may be given once or twice a week and then well baked and mashed potatoes, with a little broiled pulp of steak that has been scraped with a strong spoon to remove the pulp from the fibre, which is not to be given. Later on, meat very finely divided may be substituted for the broiled scraped meat pulp. Fried food or food cooked in fat should be avoided, as fat is not digested or attacked until it reaches the intestines. Therefore the coating of the food

with fat interferes with the action of the saliva of the mouth and pepsin and acid of the stomach on any of the food, and throws nearly all the work of digestion on the intestines. The result is pain in the bowels.

It has been found that much of the sickness of infants is caused by dirt getting into milk during milking. This dirt contains bacteria, which are microscopic plants that grow rapidly in warm milk. Most bacteria, like most plants, are harmless, but there are some kinds that cause sickness in infants. They can be kept out of milk by having the cow's udders washed before milking and their increase in number can be prevented by keeping the milk cool; it is for these reasons that milk sours or spoils quickly in summer but keeps a long time in the winter.

In small towns families can know where their milk comes from, but in large cities this is out of the question, so medical societies appoint a commission of experts to examine the cows of any milkman who desires it, and if his milk is clean and from healthy cows, he is given a certificate which entitles him to sell "certified milk" or "inspected milk." This milk costs but little more than ordinary milk and should be used whenever it can be obtained.



## The Prevention of Tuberculosis

John B. Huber, A.M., M.D.

THE importance of prophylaxis with regard to tuberculosis is easily demonstrable. For at least twenty-five centuries past this disease has destroyed far more lives than has any other. Hippocrates, and after him Celsus and Galen, had to contend with the "Great White Plague," as we have to to-day. Consumption is prevalent in all countries and probably among all peoples. Among whites, in the interval between infancy and old age, one person in seven dies of it. Among adult whites, one person in three or four dies of it. Almost every other adult negro and Chinaman (at least in America) dies of it. Very many people have had incipient consumption during life and have died of other diseases, as evidenced by the reports of necropsists.

Most of these deaths from consumption (and this is the important point) occur between the ages of fifteen and forty-five, the periods of life when youths and maidens should enjoy wholesome anticipations of marriage, when fathers should have strength to be bread-winners, when mothers should be able to rear their families, when men in the prime of life should have virility and strength of body to sustain sound minds, in order that beneficent and great things may be accomplished.

It is not necessary here to describe a case of consumption or phthisis.\* These terms apply to tuberculosis of the lungs. The disease is infectious and its essential cause is the *bacillus of tuberculosis*. This rod-shaped, vegetable parasite is found only in tuberculosis, and whenever it is not present, this disease does not exist. The bacillus may be found in practically all parts of the body, but its principal habitat is the lungs. It is computed that the chronic consumptive coughs

up in twenty-four hours several billions of these micro-organisms.

The bacillus multiplies rapidly, producing at the point of inoculation a local "tubercular" inflammation, the tubercle being the minute tumor formed around the bacillus. These tubercles presently undergo cheesy degeneration; then they break down and the resulting detritus is coughed away (if the lesion be in the lung), so that a cavity remains. Or this infectious material may be conveyed by the lymph and blood channels to other parts of the body, producing thus a general tuberculosis. Thus occur Pott's disease of the spine or spinal caries, hip disease and lupus; while tubercular meningitis is a dreadful sequel of the transfer of this infective material to the encephalon. There may, therefore, be tuberculosis of any organ or tissue. Those who contract the disease, then, are infected either through inhaling the bacillus, or by ingesting it with the milk or meat of tuberculous cattle (intestinal tuberculosis); or, rarely, by absorbing it through wounds or abrasions.

Inhalation is a common method. The mere breath of the sufferer is not infectious; but the sputum which he coughs up, if not disposed of properly, is deposited upon floors, or in cars, or on the street, dries and is then taken up by the air which other people breathe. Or the consumptive may in coughing and spitting defile the surrounding air with numerous minute droplets of sputum containing the tubercle bacillus.

Since Koch discovered that the bacillus tuberculosis is the essential cause of the disease, the problem upon which the fight against consumption is based is very simple and very practical. We have to get rid of the bacillus. And the chief procedure to this end is cleanliness. Consumptives should be

\* See my paper in THE TRAINED NURSE of March, 1904.

made invariably to spit into a receptacle made to receive their sputum. This cup, if of metal, or porcelain, should contain water, or better still, a five per cent. watery solution of carbolic acid (3vi-Oi). The cup should be emptied at least twice a day and carefully washed with boiling water. Manufacturing houses make a card board receptacle which the consumptive may carry about and which may be burned after being used. This costs a fraction of a cent. Spittoons are made upon a stand breast high. The spittoon is hidden and may be pulled out like a drawer when the consumptive wants to use it and then pushed back into oblivion. Above the spittoon is a flower pot; and the pious deception is practised of having the visitor think it is only a flower pot and nothing else. The spittoon being in a stand, children playing on the floor or domestic animals are not in danger of receiving the bacillus from sputum dust upon the floor. Consumptives must be taught not to let their sputum soil their hands, face or clothing. If they do become soiled, they should be washed at once with soap and hot water.

Whenever the patient leaves his home temporarily, paper napkins or old cloths or card board receptacles should receive his sputum. These cloths, and the like, should be burned on returning home, or, if valuable handkerchiefs are used, they should be boiled at least half an hour by themselves before being washed. The elegant consumptive may have a metal receptacle (ornamented any way she may fancy), which she can carry concealed within her handkerchief; into this she may expectorate while away from home. A consumptive should sleep alone and his clothing or bedding should be thoroughly boiled by themselves before they are washed with those of other people. Rooms which have been occupied by consumptives should be thoroughly cleansed, scrubbed, whitewashed, painted or prepared before they are again occupied. Carpets, rugs, bedding, etc., from

rooms which have been occupied by consumptives should be disinfected.\*

We have noted that the bacillus is the essential cause of tuberculosis. There are, however, a number of *predispositions* to consumption which should be recognized and guarded against. Heredity is considered a predisposition. The disease itself is very rarely thus transmitted; but a favorable soil for the propagation of the bacillus may be transmitted by the parents. Fevers, such as malaria, typhoid and the like, which debilitate the system and make the tissues vulnerable; insufficient food; the effects of inordinate alcoholism and excessive smoking; bad ventilation in houses and shops; moist and changeable climate; damp soil; trades and occupations giving rise to a dusty or gritty atmosphere; catarrhs of the upper air passages, which impede respiration; adenoids and hypertrophied tonsils in children; injuries to the lungs; anemia, particularly chlorosis in young women (green sickness); "neglected colds," which are very frequently antecedent to consumption; all such conditions predispose to tuberculosis.

Those in danger of contracting consumption should lead physiological lives. They should rise betimes, bathe well, eat slowly three meals of wholesome food daily; should be in the sun and the open air a great deal; should drink plenty of water between meals; should avoid dusty, damp or foul air; should go to bed early and sleep at least eight hours, with an afternoon nap if possible. All wool underclothing should be worn throughout the year, thick in the winter and thin in the summer. The night wear had best be of wool, changed from that of the day, of course; woolen socks should be worn in bed for cold feet. Warm footwear and stout, watertight shoes, preferably with cork soles, are appropriate; "chest protectors should be worn on the feet." Tobacco had best be let alone;

\*The Department of Health of New York city publishes an excellent little paper on "Disinfectants and Methods of Disinfection"; this may be had, I believe, upon request by mail.

and alcohol should be taken very moderately, and never without a bite of food at the time of drinking. Catarrhs of the upper air passages should be cured. Violent exercise is not appropriate for people with a tendency to consumption; moderate walking is sufficient and a marked sense of fatigue should be avoided. The prophylaxis of consumption, from a physiological viewpoint, may be summed up in these items: Disposition of sputum; fresh air and sunshine; pure water, internally and externally; rest, while there is fever; good food.

The consumptive must be got out of doors. He should never lose an hour of sunshine. The bacillus disappears before sunlight, as Mephistopheles vanished before the sign of the cross. And the consumptive must breathe fresh air, such as is saturated with oxygen. This life-giving gas increases chest expansion, gives greater lung capacity, accelerates the blood flow and equalizes the circulation

throughout the tissues. A tendency to local stasis in the lungs, a condition so favorable to the development of the tubercle, is thus avoided; and thus the greatest possible amount of oxygen is carried to the tissues, to vivify and help nourish them.

From a practical point of view, an almost ideal means of taking care of consumptives is the sanatorium. Here these patients are segregated so that they will not infect their fellows. They will then have fresh air, sunlight, plenty of nutritious food; and there will be medical attendance, so that catarrhs of the upper air passages, heart murmurs, kidney affections and the like will be treated, and so that the various symptoms of phthisis, the hemoptysis, the cough, the night sweats and the like will receive immediate attention.\*

\*I would recommend to the nurse who would like to read up on consumption the eminently sane and readable book by Dr. Lawrence Flick, entitled "Consumption; a Curable and Preventable Disease."

## Tuberculosis in San Francisco

A greater enemy in our city than smallpox, diphtheria or scarlet fever, is tuberculosis. It works on the quiet and hangs out no yellow, white or red flags of warning. The result is, that last year its grim hand claimed 1,012 victims—an average of about 84 per month, almost twice as many victims as from any other disease. There is no legislation to protect the city from the spread of this infectious disease. A patient dies in a lodging-house; as soon as the room is vacated,

another family moves in and breathes the bacilli into its lungs and so the unwilling victims are trapped. In the cases that come under our supervision, we warn the families of the danger lying in the sputum and teach them modes of prevention, and fumigate with formaldehyde after the death of the patient. But our field is too limited to make any perceptible difference in the spread of the disease.

LUCY B. FISHER,  
Associated Charities Nurse.

# Preventive Dentistry—What It Is Proposed to Do

Dr. F. W. Stiff

Richmond, Va.

**A** BRILLIANT professor in one of the Southern literary colleges, whose name is well known throughout the country, said to me not long since, that it was recognized and conceded both at home and abroad that dentistry had made far greater progress in recent years than any other science, and that American dentists led the world.

This being true, one might feel justified in the hope that the teeth of the people were becoming better, that at some time in the future of the race the second or permanent set would be of such good quality as to be immune to decay, and that the much berated but indispensable dentist would be forced to seek another occupation for a livelihood.

I regret to have to say that conditions as they prevail do not justify such a hope; for the reason that dentists have been up to this time engaged almost solely in perfecting the operative side of their profession.

So long as they only fill the cavities of decay found in the teeth, they will always find teeth to fill, their work being only reparative. But they are beginning to realize that there is a greater work than this for them to do, important as this is.

Dentists are no longer simply to wait in their offices for patients to come to them to have their diseased teeth treated.

What is called "The Era of Preventive Dentistry" has dawned. The means proposed for the prevention of the destruction of the teeth is based on the axiom, "a clean tooth is immune to decay."

The people are to be taught the great value of their teeth and that in order to save them it is necessary that they be kept scrupulously clean. This is proposed to be done in several ways, mainly in the school-room.

An organized effort is being made by the "National Dental Association," through its committee on "Oral Hygiene in Public Schools and Institutions," to secure the introduction into the public schools of the country of the systematic teaching of this subject.

Preliminary to this, statistics are being secured to show the deplorable condition of the children's teeth. It is thought best to begin with the children, because it is easier to instruct them, their minds being more plastic, habits more easily formed and they are congregated daily for years in the school-room, where they can be drilled in the knowledge and care of the teeth.

It is proposed to instruct the children from the primary through the grammar grades, the matter being arranged to suit the intelligence of the several grades, beginning with a very few simple facts and advancing until, when they leave school, they will have been thoroughly taught all that it is necessary for them to know in order to fully appreciate the value of their teeth and how best to care for them so that they will not be lost by decay. It will be seen at once that the succeeding generations will be doubly taught—at school, and at home by their parents who have previously had school training.

In addition to this great work which we are hoping to do through the schools, the dentists are lecturing at their operating chairs parents and children as they come to them, telling them how and why and when to do with their teeth.

The medical student is being taught from a chair on the subject, or from some other related to it, so that he may be able to intelligently examine and advise his patients in their homes.

The trained nurse also has a wide field for

work in this direction. If she has been taught even a few facts in her course, she can prevent a great deal of suffering, and save numberless teeth from needless sacrifice to do good service for years. If she and the physician would do no more than to instruct parents how to distinguish between the two dentitions, which is the sixth year molar, particularly, that it may be saved and why it should be saved, they would confer incalculable benefit.

Then there is what is called "The Toilet of the Mouth," which is so often neglected. What a comfort to the patient an intelligent care of the mouth affords!

One of the strongest weapons which a medical friend of mine wields against typhoid fever is the careful attention to the toilet of the mouth. He has found that by frequent cleansing of the oral cavity, scraping the tongue, brushing the teeth, the use of floss

silk and flushing the mouth frequently with antiseptic washes, the patient is not only made much more comfortable, but millions of pathogenic germs are prevented from entering the stomach, and the disease is held in check. It will readily occur to the intelligent nurse who reads this article, the numberless ways she can serve her patient and the family in the field of oral hygiene.

There is scarcely a nobler calling than that of the trained nurse. She carries sunshine and hope into homes that are dark with forebodings of disaster. She is saving thousands of lives, which but for her intelligent and gentle service would be lost. She is an indispensable factor in modern medicine.

Let her add to her laurels by helping save teeth, which are so necessary to good health, which aid so much in combating disease, and without which no one can be truly beautiful.

## Joint Massage, Fractures, Sprains and Curvatures

Max J. Walter

Superintendent of Pennsylvania Orthopedic Institute and School of Mechano-Therapy (Incorporated); Lecturer to St. Joseph's and St. Mary's Hospitals, and the West Philadelphia Hospital for Women

### EIGHTH PAPER

**T**HE use of massage, especially frictions, to counteract various joint diseases, dates back to the time of Hippocrates, by whom it was conspicuously employed, and has been prominent as a "folk remedy" among both civilized and uncivilized races for two thousand years.

It is, however, to the credit of Bonnet, that joint massage has been assigned its high modern importance, who, about the middle of the last century, employed the weight of his authority in placing this branch of mechano-therapy to the service of scientific medicine.

Mezger, also, wrote a valuable article upon it, followed later by that admirable work on inflammation of the joint, by Prof. M. Schuller, of Berlin.

It is quite safe to say that there is no solitary class of cases in which the practical benefits of massage are more strikingly in evidence than those of joint disease, whether chronic or of recent occurrence. The fact is equally noteworthy that no single branch of the art has made more rapid strides, or enjoyed a more perfect development, than has joint massage during the last twenty years.

For example, take the treatment of fractures. It is notoriously true that the principle employed in this practise, and universally accepted by surgeons the world over, has been absolutely and immediately to immobilize the parts in which the fracture has taken place, for whatever time was necessary to secure firm union of the fragments. Now, this procedure has been relegated to those forms of practise accepted as obsolete, and the new departure is to submit the limb in which a fracture occurs to passive movements almost immediately after the occurrence of the fracture.

It has been common enough in practise to apply a certain quantity of passive movement, especially for fractures, in the neighborhood of joints, after the fourteenth day, that is, after the primary union of the fragments has certainly occurred.

But the application of movement, without resort to immobilization, within one day, or at most two days, after the fracture, is a procedure quite unprecedented in this branch of therapeutics, and has, therefore, elicited universal surprise. Simply stated, the new idea is to institute the application of movements as soon after traumatism as is possible without the infliction of unbearable pain.

Certain hints and suggestions, perhaps first made by Bousquet, of Aix, a prominent French surgeon, and followed by Mezger and Verstrom, have finally led up to this bold proceeding; but it was left for Prof. Lucas Championniere, of the University of Paris, and surgeon to the Hotel Dieu and the Hospital Beaujon, of Paris, France, to really develop the idea, and place its splendid results at the disposal of modern massage.

The originator of the new treatment was wise enough to announce its contra-indications at the very beginning, declaring that it was not intended for every case of fracture without selection. That, naturally, it should not be used in a fracture of both bones of the leg, accompanied with considerable displace-

ment of the fragments; nor did he insist upon dispensing with apparatus in all cases of fractured limbs. He has, however, rendered science a double service, first, in proving that the majority of the cases of fractures are best treated by the early administration of methodical movements, and, second, in demonstrating that under certain circumstances, and in very many cases, the immobilization of a limb was contrary to the requirements of nature, and hence absolutely harmful and unscientific, despite all classical teaching to the contrary.

In a clinical lecture delivered at the Hotel Dieu, Prof. Lucas Championniere says: "It is probably this very excess of the application of the principle of immobilization by immovable apparatus that has brought into strong relief the defects of the old system, and led to the formulation of a new method of treatment. Many of the advocates of immobilization admitted its dangers and inconveniences. No one, however, ventured to suggest that a different method of treatment might succeed, and no one had the courage to suggest a reform.

"It has for a long time been known that certain forms of fracture healed perfectly, even when the bones were not placed absolutely at rest; and though treated contrary to all accepted principles, the results obtained are very satisfactory. The old ideas in surgery demanded immobilization, first, in order to secure the re-integration of the original form of the injured limb; secondly, in order to assure the union of the broken bones, by proper callous formation; and, thirdly, to prevent or heal the inflammation of neighboring tissues consequent upon the traumatism which caused the fracture. The principles on which the new methods of treatment are founded are exactly contradictory of these accepted generalizations of the old time. The new principles are, first, movement is necessary for the repair of all living tissues. It is indispensable for the maintenance of

their regular vitality. Movements should be instituted as soon after traumatism as is possible. The second principle is that the beneficial influence of movement is undisputed for all soft parts; it is just as manifestly necessary, however, for the solid portions of the tissues, notwithstanding the fact that their main purpose is to act as rigid levers. The bones, as well as the soft parts, resume after movement a vitality that makes healing much more rapid and complete. As the result of movement, the bony callous forms much more quickly, becomes solid sooner, and is more resistant to unfavorable external influences. The union of the broken ends takes place, consequently, with less delay and trouble.

"It is not every form of movement, however, which aids thus in the repair of the tissues. It must be methodical movement, and must be regulated to suit each individual case. Excessive movement would undoubtedly prove a source of serious inconvenience, and perhaps injury. If the injured limb is simply abandoned to its ordinary functional movements, the harm that would result is evident. The application of massage such as I have intended, especially when applied immediately after the injury, enables us to realize the character and amount of movement that will be useful in each individual case."

"This massage is undoubtedly the best method to anesthetize the limb and to cause the pain in it to disappear. Immobilization only suppresses pain; the discomfort reappears every time that a movement is attempted. Besides, immobilization inevitably leads to stiffness, and this gives rise, later in the case, to a new form of pain. Massage, gently and properly applied, leads to a very rapid disappearance of the pain of the fracture, and this of itself is the best criterion of the value of massage as a method of treatment. Whenever massage is painful, you can be sure that it has not been done in the way that I advise."

"With the disappearance of the pain, the tendency to contracture disappears. This method of treatment enables us to study more perfectly than with the old immobilization apparatus, the role that muscular contracture plays after fracture in causing discomfort, and even at times actual displacement of the fragments. This muscular contracture is one of the most important complications of fracture. It is responsible for many of the unfortunate results. Apparatus are often completely impotent to overcome it. There is no doubt, then, that a form of treatment, such as massage, which causes the contracture to disappear very shortly after the occurrence of the fracture, naturally assures the disappearance of any tendency to displacement dependent on contracture. There are four parts in which injury, with fracture, has been especially liable to be followed by permanent deformity. These are the clavicle, the upper end of the humerus, the lower end of the humerus, and the olecranon. Fractures in these four regions especially are benefited by early massage. It is the success obtained in these cases that amply justifies the continued use of the method."

Although the prompt application of massage has only just been recognized in the treatment of fractures, it has, however, for thirty years, or more, been successfully administered in many of the general diseases of the joints; such as simple traumata of different kinds, contusions, sprains, and in many cases of reduced luxations. So, too, in cases of purely serous synovitis, whether acute or chronic, and in those of chronic rheumatic joint affections, massage is indicated during the entire course of the process, provided in the latter class of cases the treatment be undertaken before true ankylosis has set in.

But as in fractures, likewise in all joint affections; the particular movements and procedures to be employed are matters always of the most careful discrimination, and, therefore, no bungler at this art should have the





LATERAL CURVATURE OF THE SPINE (Back View)

Case No. 7-16-03

Original Photograph taken at the Pennsylvania Orthopedic Institute (Inc.), Philadelphia, Pa.



LATERAL CURVATURE OF THE SPINE (Back View)

Seven Months Later. Case No. 2-20-04.

Original Photograph taken at the Pennsylvania Orthopedic Institute (Inc.), Philadelphia, Pa.

hardihood to undertake joint massage. The first thing is to determine what especial manipulations are indicated by the individual case in hand, and the next thing is to know whether they should be applied directly to the joint, above the joint, or below it.

For example, where there is extreme sensitiveness in a joint, we first apply derivative massage for perhaps a week, or more, the movements being graduated toward the joint day by day. In cases of chronic rheumatism of a joint, where examination discovers rheumatic nodules lying along the lymphatics above the joint, work is always begun in the tissues above for the purpose of opening up these obstructed channels above the joint, and thus by indirection act upon the lymphatics and blood vessels of the joint itself.

Derivative massage even goes a step farther, since it has been found that its effects are greatly accentuated by manipulating the healthy joint next above the affected one. It is well known that the lymph and blood channels are largest in the vicinity of the joints, and by administering to these a strong traction, pressure and other joint movements, the vessels of the joint below may be drained, a result the more to be expected after the lymph channels connecting the two joints have been opened up by treatment.

In nearly all joint diseases it is noticeable that certain muscles or muscular groups suffer more than others. For example, in shoulder cases the deltoid and supra, and infra-spinatus are chiefly affected; in cases of the elbow, the biceps and the brachialis anticus; where the knee is affected, the quadriceps atrophies; and in hip joint diseases, the glutei muscles; in chronic joint diseases in general, but especially in chronic rheumatism, the muscles and tissues above the joint are quite invariably affected as well as the joint itself; either muscular atrophy, induration or fatty degeneration being nearly always present.

In cases of chronic rheumatism, especially

where there is considerable loss of both motion and elasticity, or where muscular atrophy has appeared, daily manipulation is essential in the treatment, and nearly all the resources of the art are more or less brought into use. It is proper to begin and close the seance with effleurage, but meanwhile both light and deep kneading, rolling, chucking, stretching, hacking, wringing, and finally a series of resistive movements, are employed, the latter being adapted to act upon the affected muscles as well as the joint itself. In the treatment of this, and a long list of similar affections, the intelligent masseur summons the assistance of other remedial agencies, as already anticipated.

For example, in these cases, baking, hot fomentations and heating compresses, also general tonic and eliminative measures. These diseases are frequently connected with a systemic diathesis, or constitutional conditions requiring a careful adaptation of the diet to the state of the digestive organs, and where there is dilatation of the stomach, a local treatment must be administered in conjunction with the general treatment.

In all traumatic diseases of the joints, contusions, sprains, luxations and others, massage is not only to be recommended for its efficiency, but likewise for its promptness. The new treatment, doing away with the permanent bandage, and substituting graduated movement for immobility, has reduced the time of treatment to about one third of that found necessary under the old regime. Nor is this all, for it has, meanwhile, very greatly diminished the transition, frequently occurring of old, of simple inflammations due to traumatism, to more complicated and serious forms of disease.

This important saving of time, as between the old treatment and the new, has been thus commented upon by Kleen:

"The average time of treatment, under the older methods of various kinds, was about four weeks. Bauden, who used the cold



KYPHOSIS OR HUMP BACK, ANGULAR CURVATURE OF THE SPINE  
Case No. 9-16-03.  
Original Photograph taken at the Pennsylvania Orthopedic Institute (Inc.), Philadelphia, Pa.



KYPHOSIS OR HUMP BACK, ANGULAR CURVATURE OF SPINE  
Case No. Five Months Later 2-20-04.  
Original Photograph taken at the Pennsylvania Orthopedic Institute (Inc.), Philadelphia, Pa.

water baths, had an average of 28½ days. Gassner, who first made use of the ordinary method noted above, had an average of 28 days, on employing massage attained an average of 8.3 days; through a similar fortunate change of systems, Mullier brought his average time of treatment from 25 days down to 9 days.

Fontaine and Gerst, who both followed the new system, reached the favorable result of 4 to 9 and 7.6 days' mean length of treatment, respectively. Korner, Podrazki, Von Mosetig-Moorhof, and others, have had similar experience. Berghman's statistics are the most interesting. He treated at Stockholm 145 cases of acute traumatic joint affections (sprains, synovitis, with and without intra-capsular hemorrhage) with massage. In 104 of these cases, in which treatment began within four days after the injury, he gave 12.44 sittings on the average; while in 41 cases that were not treated with massage till five to eight days after the injury, he gave 17.60 sittings; in 38 other cases, that did not come under treatment till from nine days to three months from the occurrence of the trauma, the average number of massage sittings rose to 44.68. All of Berghman's cases were treated twice daily and his first 145 cases until they were fully restored to health; of the 38 older cases, 35 were healed, 3 were only improved. Of the 104 fresh cases, those affecting the humero-scapular joint, of which there were three only, called for the longest treatment. The following list of joints is arranged in order of the time of treatment, those receiving least being placed last: wrist, elbow, ankle, knee, tarsal joint and, finally, finger and toe joints. The numerous French, English, American, German and Dutch and Scandinavian physicians who have contributed, by reports of cases, to our knowledge of the massage treatment of these affec-

tions, give similar reports, which serve to put its excellence beyond doubt."

Its excellence has also been placed beyond doubt in the treatment of curvatures. We are all quite assured of the failure of medicines, however skilfully and patiently administered, to effect the slightest benefit upon any form or stage of spinal curvature. Nor is this a disease that in any sense tends to correct itself, but, like *tabes dorsalis*, its progress is invariably onward, terminating, at last, in permanent deformity.

The application of the movement treatment is, therefore, the solitary hope and alternative in the treatment of spinal curvature. That such treatment is the one clearly indicated is shown by the answer to the interrogative, "What is the cause of spinal curvature?" I answer it is caused simply by muscular weakness, and weakness of the ligaments, tendons and cartilages. This and this only allows the spine to curve. Nor is such a condition to be remedied by any form of immobilization, such as bands and plaster casts, jackets, or steel braces. Passivity does not re-construct and strengthen muscles, it never made a muscle, or imparted to it the vitality necessary to its restoration. But it is the business of motion, of properly directed movements, to both enlarge and strengthen muscles, and hence we offer massage, mechanical and manual, and the Swedish movements and selected gymnastics, as the only effective and encouraging mode of treatment, not only of the curvature, but of the patient suffering therefrom, whose lowered vitality and general loss of strength equally demand attention. By movement treatment the first stage of spinal curvature can nearly invariably be cured, and a few in the second stage. In the third stage, wherein the bones have rotated upon themselves, a cure is not to be hoped for.

# Department of Army Nursing

Dita H. Kinney

The interesting rumors concerning Nurse Amanda J. Armistead, which were hinted at in the last Army Notes, have become facts, as may be seen from the following:

"Miss Amanda J. Armistead and Major Henry Hunt Ludlow, U. S. A., were married on Thursday, April 14, at the home of the bride's brother-in-law, Mr. W. Harry Crane, in Philadelphia. Owing to the recent death of the bridegroom's father and the bride's mother, the wedding was exceedingly quiet, only the immediate families and a few intimate friends being present. The maid of honor was Miss Blanche Shellenberger. Brig. Gen. William Crozier, chief of ordnance, U. S. A., a classmate of the bridegroom at West Point, was the best man. Major and Mrs. Ludlow will reside at Oktibbeha, Miss., where the former is stationed as military instructor at an agricultural college."

Miss Armistead requested discharge after five years and ten months of continuous service in the Army Nurse Corps. She was for nearly a year and a half chief nurse on the hospital ship *Relief*, and for the rest of her term was on duty in the Philippines, where, up to the time of the closing of the Second Reserve Hospital, she was also chief nurse. It is understood that announcements of the happy event mentioned above were sent to the members of the Army Nurse Corps. The felicitations and good wishes of the Nurse Corps follow Major and Mrs. Ludlow.

The *Kilpatrick* left Manila March 26 for New York via the Suez Canal. The fortunate nurses who are enjoying this very unusual opportunity of a trip around the world are Mrs. Marguerite Salter and Miss Lucy Kelly,

who have been in the service more than four years; Miss Mary J. McKelvey, nearly four years, and Miss Lucile Flick, nearly five years, and Miss Julia Woods, over five years, all to be discharged upon their arrival.

Miss Estelle F. Hine, who replaced Miss Armistead as instructress in dietetics at the Hospital Corps School of Instruction, Angel Island, has been relieved from that duty and returned to the General Hospital, San Francisco, for duty there. Miss Agnes L. Brown a nurse at large and not a member of the Nurse Corps, has been appointed as dietist at Fort McDowell in Miss Hine's place.

The *Sheridan*, which left Manila March 15, and arrived in San Francisco April 15, brought Nurses Bessie Mills, Sylvia Call and Ida Van Derhoef. Misses Call and Van Derhoef have been assigned to duty at the General Hospital, Presidio of San Francisco, and Miss Bessie Mills discharged at her own request on account of ill health.

Nurses Josephine F. Keliher, Agnes McInnes, Barbara Ziegler, Helen Grace O'Brien, Louise Rohlf and Clara A. Verdin left San Francisco February 1, arrived in Manila March 2, and the latest information notes them as being at the First Reserve Hospital awaiting assignment.

Nurse Rose E. Abel has been transferred from the Base Hospital, Iloilo, Panay, to the First Reserve, Manila. She will be replaced at Iloilo by Nurse Katherine Reynolds, recently on duty at Corregidor. Mrs. Lilian Krauskopf has been transferred from Corregidor to the First Reserve, Manila.

The discharges during the month have included Nurse Henrietta McRae at her own request, after four years and nine months of

service; Bessie B. McNaughton, after five years and four months, and Agnes Sweet, after three years and ten months. Their places were filled by Harriet Fishtorn, graduate Chicago Polyclinic, class of 1901; Mary Humphrey, graduate of Episcopal Hospital, Philadelphia, class of 1901; Bertha Purcell, graduate of Hahnemann Hospital, Chicago, class of 1902, and Margaret Harris, of Jefferson Hospital, Philadelphia, class of 1895.

It is delightful to chronicle another act of generosity on the part of the surgeon general. It would seem as if he had pianos "up his sleeve." The chief nurse at the Presidio writes: "My dear Mrs. Kinney: You will surely be as happy as we when I tell you that our commanding officer has been instructed by the surgeon general to purchase a piano for the nurses on duty at this hospital. The piano's arrival was a complete surprise. We knew that our previous commanding officer had made formal request for one, which request was returned 'not approved,' though he did say to me at the time, 'Wait a while and you will surely get your piano.' Even so, I did not expect to have it. Last Friday Col. Torney came to inspect our quarters, and when we came to our sitting-room I told him the nurses rented the piano, and laughingly asked him to 'buy one for us when he had lots of money.' He replied in a jocular manner, 'Now, where do you suppose I could get the money for such a purpose?' I replied, 'You see so many people, Colonel, perhaps you could induce some one to donate one.' I then told him about our sewing machine, which was donated and which has been such a comfort to those who wish to do a little sewing. After the incident was closed, I did not

give the conversation another thought. The following Monday morning official business took me to the commanding officer's office. When I had finished with what took me there he said, in an off-hand way: 'By the way, Miss ———, your new piano will be at your quarters to-day.' Really, I had all I could do to stand for a moment, I was so completely surprised, but in an instant recovered myself sufficiently to stammer out some thanks. When we actually saw the beautiful instrument (an upright Kohler and Chase in a beautiful polished oak frame) we all enthused. The commanding officer came over to our quarters the next morning and really seemed just as delighted about it as we were. When I tried to put our gratitude to him into words Colonel Torney said that Major Kendall and the surgeon general should have thanks and not he. I begged him to write the surgeon general how much we all appreciated his generosity and asked that he tell him that it means more to us than we can express or he can think. We have been very short of nurses lately, as you know. We had all been working very hard and the nurses particularly needed something to encourage and cheer them up a bit. The piano was as good a tonic as they could have had and is more than appreciated, especially by those who have been long in the service. I do not know when I have felt happier over anything than over this gift from the surgeon general to us. I only wish he could have been invisible and have been in our sitting-room and heard the nurses' appreciative remarks. We have now no more rent to collect each month, which is a great weight from my mind and a great relief to us all."

# The Diet Kitchen

Mary Caldwell

## SPRING VEGETABLES. (Continued.)

Among the spring vegetables, there is none more universally liked than asparagus, and as it can be served in three different courses, at least, it is hailed with delight by the housekeeper. It makes a most delicious soup, and can be served as a vegetable course cooked in two or three different ways that are simple enough for a convalescent patient to enjoy, and then again it can be used as a salad. Spinach also can serve as a soup or a vegetable. Green peas are used in the three courses; in fact, nearly all vegetables can be put to more than one use.

All vegetables, of whatever kind, should be cooked in boiling salted water. The root vegetables should be cooked covered; the green vegetables, including all seeds, pods, leaves and stalks, should be cooked uncovered, the object being the preservation of the color in both cases, and to this end careful cleaning before cooking is most essential. Earthy roots must be scrubbed and rinsed, stalks and leaves carefully washed. All vegetables containing slugs or insects must be soaked in cold salted water. All decayed spots and discolored leaves must be removed from any vegetable, and those that are peeled and cut must be dropped into cold water at once. If these details are carefully attended to, and no slovenliness is allowed, the vegetables can be made to take a much more prominent place in the menu than they would otherwise fill; and often, instead of forming an adjunct to other things, be made to take the place of some course in the dinner.

### CREAM OF ASPARAGUS SOUP.

Cook one bunch of asparagus in boiling salted water until tender, then remove it from the water; to the water add one tablespoonful of butter, one tablespoonful of flour rubbed

together, cook until it boils, then add the asparagus tips and one cup of cream and season with salt and pepper.

### CREAM OF GREEN PEA SOUP.

Drain one can of peas and wash them with cold water, then put them in a saucepan with one pint of cold water, one teaspoon of salt and two teaspoons of sugar and a sprig of mint. Cook until the peas are tender, then press them through a sieve, and add to them two tablespoons of butter, two tablespoons of flour mixed with one quart of hot milk, and thoroughly cooked; reheat and season to taste with salt and pepper; strain and serve.

### CREAM OF SPINACH SOUP.

Cook one quart of spinach in a quart of boiling salted water, with the cover off; when tender, add two tablespoons of butter and two tablespoons of flour cooked in a quart of hot milk, season with salt and pepper; strain and garnish with spoonful of whipped cream.

### TO STEW ASPARAGUS.

Wash asparagus, cut it in small pieces, simmer fifteen minutes, or till tender, in just enough water to cover it, thicken slightly with flour and butter stirred together, add one half cup of sweet cream, and season with salt and pepper.

### TO BOIL ASPARAGUS.

Wash the asparagus, tie it in small bundles, cook till tender, and serve on toast, with melted butter, white sauce or Hollandaise sauce.

### TO STEW PEAS.

Shell the peas, put them in a small quantity of water, cover closely and stew half an hour or until tender. Add sweet cream and a lump of butter melted in flour. Season with salt and pepper.

### TO BOIL SPINACH.

Wash the spinach thoroughly in several

waters and remove the root. Put the prepared spinach in a small quantity of boiling water, cook with the cover off until tender, then drain in a colander, press out the water, season with salt, pepper and butter, and serve with poached eggs, or hard boiled eggs cut in slices; or after it is cooked and drained, chop fine, put in a stewpan with a lump of butter, add a little sweet cream, season with salt and pepper, stir till well heated and serve with or without poached or boiled eggs.

#### BAKED ASPARAGUS.

Wash the asparagus, tie it in bunches and boil fifteen minutes in boiling salted water, then remove from the water, cut the asparagus in inch lengths and mix with it a cream sauce made of one tablespoonful of butter, rubbed together with one tablespoonful of flour, then add one cup of hot milk, gradually, cook until it boils, stirring all the time. Season with salt, paprika and one teaspoonful of lemon juice and one teaspoonful of onion juice. Pour the mixture into a baking dish

and cover with buttered bread crumbs, put into the oven and brown.

#### SAUCES TO SERVE WITH HOT ASPARAGUS.

##### BERNAISE SAUCE.

Put the yolks of three eggs into a small double boiler, beat them slightly, add one tablespoon of water and one teaspoon of butter, cook until the eggs begin to thicken, stirring all the time, then add four tablespoons of butter, one at a time, continue to stir until it boils, then remove from the fire, add one teaspoonful each of tarragon vinegar and chopped parsley, season with salt and red pepper.

##### HOLLANDAISE SAUCE.

To half a cup of butter creamed in a double boiler add the yolks of four eggs, one by one, then add one tablespoon lemon juice, salt, cayenne pepper and nutmeg to taste, cook until it begins to thicken, then add one cup of boiling water gradually, stir all the time it is cooking; when it becomes creamy it is ready to serve.

## Graduate Nurses' Association of Pennsylvania

The second quarterly meeting of the Graduate Nurses' Association of Pennsylvania was held in the auditorium of the Hotel Sterling, Wilkesbarre, Pa., April 20.

The State president, Miss Anna E. Brobson, of Germantown, Philadelphia, called the meeting to order at 10 o'clock. Rev. Dr. Jones of St. Stephen's Episcopal Church opened the session with prayer.

G. W. Guthrie, M.D., of Wilkesbarre, delivered the address of welcome, which was responded to by the president.

The reports of committees were then received, and this was followed by an address prepared by Miss Milne of the Presbyterian Hospital of Philadelphia, on the "Preliminary Training of Nurses," which was read by Miss Dunlap.

The afternoon session was a purely business session, with the exception of the reading of a paper by Miss Constance V. Curtis, superintendent of the Phoenixville Hospital and the vice-president of the Graduate Nurses' Association of Pennsylvania. The title of the paper was "What Registration Will Do for the Public."

A reception was held at the Sterling in the evening from 8 to 11 for the visiting nurses and delegates. The reception was given by the nurses of the City Hospital. The reception committee consisted of the following fifteen members: Miss West, superintendent of the City Hospital; Mrs. Roache, Mrs. Roderick, Mrs. Moister, Mrs. Scheiffy, Mrs. Reiter, Mrs. Mellick, Miss Bertels, Miss Schofield, Miss Sly, Mrs. Fell, Carrie Lewis, Emma Lewis, Miss Goulden and Miss Conner.



# Editorially Speaking

## THE SCHOOL NURSE IN PHILADELPHIA

A very important development in the nursing world during the past fifteen months has been the extension of visiting nursing to the public schools. There is perhaps no branch of nursing which will be more far reaching in its effects or tend more to the general good of the community, and it is to be hoped that before another year passes all large cities in the United States will be provided with trained nurses for work in the public schools.

We have become familiar with the brilliant results of the work of the nurses employed by the Board of Health in New York city, and it will doubtless be of interest to learn of the experiment as tried for five months in Philadelphia, Pa. Miss Anna L. Stanley, a graduate of the Philadelphia Hospital, class of 1901, is the only school nurse in that city. Miss Stanley's work has been of a character to deserve the highest possible commendation. We give her report in full:

"The following is a report of the work of the School Nurse at the Mt. Vernon School, Catherine Street, above Third, for a period of five months, from November 1, 1903, to March 31, 1904:

Cases.	Number treated.
Ac. Conj.....	55
Impetigo.....	18
Ringworm.....	12
Eczema.....	5
Extreme uncleanliness.....	46
Pediculosis.....	296
Superficial burns.....	4
Infected fingers.....	29
Emergency cases.....	8
Sent to dispensaries.....	16
Took to dispensaries .....	14
Total number of visits in schoolroom.....	1,420
Total number of visits at homes.....	594

"The 296 cases of pediculosis treated by me do not represent the entire number of cases of this ailment which existed in the school. We believed it to be wiser in many cases to let the teachers aid us by speaking to the children in a friendly way and thus spare their feelings. This was especially the case in the higher grades. Where personal instructions were not given to the mother or the child directly treated, printed instructions, both in English and Yiddish, were given them.

"There were several cases of such severity that they deserve particular mention. A severe case of ringworm of the scalp was detected on a little girl in one of the classrooms.

"This child had attended the school for several weeks without any medical attention, and the lesion, which covered almost one half of the back of the scalp, was not visible to either the teacher or the child's classmates, because it was completely hidden behind a mass of thick black hair, which was filled with pediculi. This was a very obstinate case, but after five weeks of daily treatment, both in school and at home, it was healed and the hair began growing over the bald spot.

"Another interesting case was a boy nine years old, with severe impetigo of the scalp. It was necessary to treat him both at home and in school. At his home were found two other children suffering with the same conditions and equally as bad. A younger brother thus affected was excluded from another school for some time, but received no medical attention. In a few weeks these children were entirely cured and returned to school.

"The visits to the different homes were very interesting, and it is surprising how quickly

those people feel and appreciate any good influence brought to bear on their home surroundings. In the majority of cases they endeavored to the best of their ability to carry out all my suggestions in regard to hygiene.

"The thing I tried the hardest to impress upon the mother was the necessity of giving each child a bath and clean clothes once a week, but the mere telling them to bathe was not sufficient: they had to be taught *how* to bathe. I found one mother (what she called) giving her baby a bath. She had a little cold water in a tin basin, no soap at all; she would dip her hand into the water, then rub it on the baby. After she had washed it all over in that way, she took a very dirty cloth to dry it. From that I concluded that the other children were bathed in like manner, if at all."

The work has now been extended to six schools in the southeastern section of the city, and the predominant disease which holds sway is pediculosis. Thus far there have been but four exclusions from that ailment, and they not only had pediculi on the head but the body as well. Of the other cases the children are given printed instructions at the schools, with all the necessary explanation; this is taken home to the mother, and with but very few exceptions the treatment is carried out. There has been a very marked improvement noticed in but one month's time. All the teachers have entered into the spirit of the work, and with their aid and the co-operation of the parents the work has been made much easier, and more has been accomplished than could be done were it otherwise.

#### VISITING NURSES OF SAN FRANCISCO

Another report with which we have been favored is the Triennial Report of Visiting Nurses' Work in connection with the Associated Charities of San Francisco. The report is presented by Miss Lucy B. Fisher, district nurse. In speaking of the work of the nurses, Miss Fisher says: "A matter of supreme importance to us as visiting nurses is the prevention of disease. Recently in one of our families, a child came down with smallpox. The Board of Health promptly fumigated, but we did not feel satisfied with that. We reported to the Board of Health that in that house the family had been afflicted within the year with measles, pneumonia, diphtheria and smallpox; that the city ordinance that only one wall paper at a time should be on the wall was being disobeyed to the extent that eleven layers were on one wall, and that the plumbing was far from the standard required by law. The result of our complaint was that the landlord was compelled by the Board of Health to put in new plumbing and tear down the accumulation of wall papers with their concentrated germs."

Through the efforts of Dr. Beatrice Hinkle, city physician, the district nurses of San Francisco have been made auxiliary health inspectors. It will be readily seen how this will tend to make the work of the nurses simpler and more efficient. Miss Fisher says: "We have been given our badges, which will give us the necessary authority to enter our complaints directly against the delinquent landlords, and also our papers to serve against them. We all believe this authority conferred upon us will increase our usefulness in the neighborhoods where we work."

# In the Nursing World

There is no charge for the publication of news items and reports in this department

## Mt. Sinai Alumnae Association

At a meeting of the above association, held on May 5, 1904, the resolutions drawn up by a committee previously appointed, regretting the loss of our late member, Miss Isabel Ash, were adopted.

Fourteen new members were elected. Reports from committees to county and State associations were adopted.

After the business meeting, adjournment, when refreshments were served. HELEN GELLNER,  
Rec. Secy.

(For resolutions see Obituaries at end of this department.)



## Atlantic City Hospital Alumnae Association

A meeting was held on Monday evening, April 11, by the graduate nurses of the Atlantic City Hospital and an alumnae association was formed, with a membership of eleven nurses. The following officers were elected: Miss H. Marter, president, and Miss Marguerite Plunkett, secretary-treasurer.

Miss M. A. Byrne, superintendent of nurses, was elected an honorary member of the alumnae.

During the meeting it was proposed that this association give a euchre, which event took place on Wednesday evening, May 4, in the parlors of the Hotel Rudolph. The prizes were many and beautiful and the affair proved a great success. The proceeds, which amounted to over one hundred dollars (\$100.00), will go to supply the study of the Nurses' Home.



## Borgess Hospital Training School

At Borgess Hospital, Kalamazoo, Mich., April 20, the fifth commencement exercises of St. Camillus' Training School for Nurses were held in the presence of friends and invited guests of the institution. A masterly address was given by President Andrew Morrissey, of Notre Dame University, in presenting their diplomas to the five graduate nurses. On the program also were addresses by Drs. A. B. Cornell and F. J. Welsh, of Kalamazoo, and a pleasing interspersion of musical selections.

The members of the class of 1904 are Sister M. Elizabeth, S. S. J., Sister M. Aloysius, S. S. J., Sister M. Berchams, S. S. J., Sister M. Bernadine, S. S. J., and Sister M. Eulalia, S. S. J.

The closing event in their three years' hard

work was an event of great importance and showed the conscientious work of the graduates and even more the efficient training which they have received in the hospital. To Sister M. Raphael, M. D., principal of the training school, great credit is due for the systematic and thorough course of work which has equipped these graduates for their duties in life. The entire staff of the hospital assisted greatly in this work of preparation.

## ALL ATTAINMENTS ARE THE RESULT OF EFFORT

We have looked forward to this occasion, as the crowning reward of our labors. For this we have labored, ever mindful of our aim in life, serving others for Christ's sake. Our training among the sick and dying has taught us why and how to live, not for ourselves alone but for our fellow creatures. We have chosen a difficult and responsible profession. The public expects a great deal from us, to us they trust their lives and those of their dear ones. It is our duty to prove ourselves worthy of this confidence.

Nursing is an art, requiring as earnest preparation as that of any sculptor or painter, for what is the having to do with canvas or marble compared with the living body, the temple of God.

A nurse must have higher motives and higher ideals. She must concentrate her thoughts upon the thing she is doing. It does not do to be absent-minded; we must be exact and thorough; there must be no ifs. Frequently we have only one chance, and there must be absolutely no mistake.

Faithful, conscientious, intelligent work alone will bring us success. The secret of ultimate success lies not only in our skill, but in our faithful application to duty.

Tact is one of the rarest gifts of God, and is very important to the nurse. It is that which helps to meet emergencies, to soothe the sick, to calm the anxious and alarmed friends, who are often more difficult to manage than the patient.

A nurse cannot too soon convince herself that she must have all her faculties under perfect control, and must possess in an eminent degree that calm dignity so essential. The nurse must remember that she is the connecting link between the physician and the patient, responsible to the one and for the other.

Nursing trains the eye and the hand, and we may say the heart also, for who could be brought in contact with suffering creatures without that divine precept entering the heart, "Love one another." She is called to minister to all sorts of characters, refined, rough, capricious, ungrateful, good and bad, and must see in all God's image. For the time being she must make herself the guardian and friend of each, never losing sight of her responsibility of doing good. She must preserve serenity of countenance, sweetness of manners and voice which are sunshine in a sickroom. She must guard against discouragement in painful circumstances. The charity which animates her must emanate from the heart of God. Like our Divine Lord, she goes about doing good to suffering humanity. As a cup of cold water given in God's name is not to go unrewarded, what a glorious testimony will her life's labor call forth on the day of eternal reward, if she is true to her calling. Therefore, she must love her neighbor in and for God.

This should be the keynote of duty for her. Small acts of thoughtful kindness often bring sweet recompense of gratitude. A nurse should be a quick observer and of a sympathetic yet not too susceptible a nature. It is a noble career, but hardships must be endured and obstacles overcome.

There is no work in which faithfulness in little things has larger results than in nursing. May our pilgrimage here be a symphony, whose harmonies, while blessing our life on this earth, will surge onward and ring out yet clearer and more beautiful, into the life eternal. May our good Lord help us realize our highest aims, and may He give us abundantly of His graces, that we may do His work while we live, and be greeted when our labor is over with the words, "Well done, good and faithful servant, enter into eternal joy."

#### VALEDICTORY.

It is with humility yet with a degree of pride, that we stand on the threshold of our career as trained nurses. The satisfaction pronounced by our friends, more than repay our labors in the school.

We thank the Sisters, the faculty and the many friends who have encouraged us. We hope that, fortified with God's grace, we may see in the suffering ones, Him who suffered on Calvary.

We feel that all success will rest on self renunciation. We are but the almoners of your charity. Our success is your success, our reward is your reward. May the God of charity bless our labors.

#### Nurses' Home

The formal dedication of the new Nurses' Home in connection with the Kingston General Hospital, took place April 6. There was a large attendance of prominent men and women of the city. The presentation address was made by Prof. David Marshall. The home was formally accepted by Mr. Donald McIntyre on behalf of the Board of Governors. Mr. McIntyre paid a glowing tribute to Miss Flaw, lady superintendent, to whose untiring effort success of the undertaking is largely due, at the Nurses' Alumnae Association, which contributed \$2,000 to the fund.

Diplomas and badges were presented to the following nurses: Miss Carrie Edmison, Miss Florence Bouck, Miss Jennie Birmingham, Miss Etta Montgomery, Miss Lizabell Howell, Miss Minnie Pixley, Miss Grace Nourse, Miss Edna Davidson, Miss Bertha Houston, Miss Belle Morrison, Miss Birdie Smith, Miss Beatrice Armstrong. Of these, Miss Armstrong, Miss Smith and Miss Morrison were unable to be present in person.

The nurses' supper, an annual affair, took place in the evening, the superintendent, Miss Flaws, Miss Montgomery and the graduates and nurses in training joining in a farewell to the nurses who are leaving. The dining room looked very pretty, with its decorations of red and white, and the affair was most enjoyable.



#### Berks County Association of Graduate Nurses

A meeting of the Berks County Association of Graduate Nurses was held at the Homeopathic Hospital April 23, Miss Scholl presiding.

Minutes of previous meeting were read by Miss Fisher and approved by the society.

Eleven members responded to the roll call.

A report was heard of the meeting of the State Association, held at Wilkesbarre, Pa., April 20 and 21.

After the regular business, the meeting adjourned.

We were glad to have with us Miss Fisher, our secretary, who has been nursing smallpox in the city lazaretto since November 27.

E. R. SNYDER,

MARY E. DAUGHERTY,  
Committee.



#### Williamsport Hospital Nurses' Association

The regular monthly meeting of the Alumnae of the Williamsport Hospital Training School for Nurses took place in the parlors of the Nurses'

**Nurses' Home** Iome, Thursday, April 28, at 3 P. M. It was the dedication of the best attended meeting of the year. Dr. G. D. Nutt, gave a practical and instructional, took place in the discourse on "Surgery." At the close of the tendance of the talk a vote of thanks was tendered Dr. Nutt for city. The president's kindness conferred.

rof. David M. After the lecture a short business meeting was cepted by M. held; two new members were admitted. May Board of G. being the annual meeting, officers for the ensuing owing tribute year will then be elected.

R. ELIZABETH SWEELY,  
Cor. Secretary.

### Lincoln Hospital Nurses' Home

On November 16, 1903, at a meeting of the Alumnae Association of the Lincoln Hospital and Home Training School for Nurses, Bronx, N. Y., the members discussed the advisability of establishing a home for the graduates of the school. The project was laid before the head directress, who kindly volunteered all the assistance in her power. It was then placed by her before the Board of Managers, who responded readily and gave liberal aid toward the furnishing of the home.

A suitable house was procured at 61 W. 134th Street, New York city, which was soon fitted for occupancy. Invitations to a formal opening on April 13, 1904, were issued to the Board of Managers, and attending physicians of the hospital. The nurses were pleasantly surprised to find that the Board of Managers had decided to make it a donation party. The result of which, many a piece of furniture, bric-a-brac, groceries, were donated. The nurses were congratulated upon the cheerfulness of their apartments.

In the evening the superintendent of the training school was entertained at dinner by the Alumnae Association and a very enjoyable evening was spent.

After dinner a business meeting of the Alumnae Association was held, when it was voted to tender thanks to the Board of Managers and Physicians for their generous assistance. The Alumnae Association was represented at the New York State Nurses' Association by Miss A. Senhouse, president, and Miss S. E. Poole, vice-president.

J. M. COGGSWELL, Cor. Secretary.

### Farrand Training School for Nurses

The graduating exercises of the Farrand Training School for Nurses, and the opening of the new operating building of Harper Hospital, took place in the amphitheatre of the hospital April 27. There was a very interesting program, which included a practical demonstration in

nursing by the graduating class. The graduates are: Nellie E. Peckens, Margaret H. Meigs, Alice G. Shields. Myrtle E. Frazier, Mary G. Childs, Dora L. Breese, Mary C. Wortley, Elsbeth Hosig, Martha E. Bates, Mary J. Hendrie, Nellie J. McComb, Eva L. Worth, Sadie A. McCarthy, Ella J. Rouech, Mary E. Freeman, Maud M. McArthur, Ethyol A. Bingham, Helen T. Miner, Charlotte P. Wright, Jessie R. Sexton, Ella M. Tompkins, Alice B. Coffin, Mildred H. Crane, Minnie E. Cowley, Annie E. Morris, Bertha B. Berry.

There was a reception in the Swain Home from nine to eleven o'clock.

### Alma Training School for Nurses

The graduating exercises of the Alma (Mich.) Training School for Nurses were held in the gymnasium April 15.

The diplomas were presented by Geo. F. Butler, M.D., medical superintendent, and the badges by Miss Anna Louise Davis, superintendent of nurses. The graduates of 1904 are:

Elizabeth Ann Walker, Esther Louise Nash, Sara Elizabeth McBryan, Harriet Mae Brown, Marie Anna Schultz, Linda Braidy, Alice Mary Blackwell, Martha Rose Kirker, Maude Campbell.

The exercises were followed by a reception.

### Polyclinic Hospital School for Nurses

The graduating exercises of the Polyclinic School for Nurses, Philadelphia, Pa., were held April 29 at the hospital. Among the many interesting features of the program was an address on State Registration of Nurses, by Miss Maud Banfield, superintendent. Diplomas were presented to the following young women:

Minnie E. Greenwood, Elizabeth A. Kaftz, Georgie R. Weaver, Katherine C. Healy, Elizabeth C. Williams, Bessie M. Robison, Maud C. Closson, J. Elizabeth Hoffman, Emma H. Speary, Berta Bell, Susie A. Johnstone, Eleanor L. Kerr, M. Evelyn Walker, Effie K. Van Demark, Cora W. Sydney.

### Buffalo (N. Y.) Notes

Dr. Burt J. Maycock read a very interesting paper on "Methods of Diagnosis" at the regular meeting of the Buffalo Nurses' Association. Miss Sylveen Nye presided.

Twelve applications for membership in the association were received and five new members elected. Miss Mary J. Cole was appointed delegate to the Ithaca convention, and Miss

Nye, Miss Frances Black and Miss Helen Alt alternates. Miss Louise Greenwood, Miss Gertrude Greenwood, Miss Emma Rothfuss and Miss Mary Cole, who are going abroad this summer will represent the association at the International Congress of Nurses at Berlin. Miss Nellie Ryan presented the society with a question box for receiving queries, complaints or suggestions from the members.

The members of the Buffalo Nurses' Association enjoyed an informal cup of tea Monday afternoon, April 10, at the association rooms, in the Library Building, where Miss Sylveen V. Nye, the president, and the officers of the association received informally in honor of Miss Olivia Moore, of Toronto, formerly superintendent of the Children's Hospital in Buffalo. Miss Moore is visiting Mrs. Stork of the Woman's Hospital. Miss Amy Poole, chairman of the social committee, assisted by Miss Greenwood, served the refreshments.

The Executive Committee of the Buffalo Nurses' Association now meet regularly the second Monday evening in the month at the club room, 77 West Eagle Street. The meetings of the association will hereafter be held at the Women's Union Building.

Miss Sylveen Nye, president of the Buffalo Nurses' Association, has appointed Miss Mary J. Cole, Western Federation Secretary for the Nurses' Association. Miss Louise Drake will fill the same position in the State Federation.

A card party for the benefit of the Buffalo Homeopathic Hospital was held recently in the banquet hall of the Hotel Iroquois.

At a meeting of the Nurses' Alumnae Association, Buffalo Hospital of the Sisters of Charity, the following directors were appointed: Sister Mary Rose, Mrs. John Cullen, Miss Mary Kennedy, Miss Delia O'Donnell and Miss Sabina Callahan.

The committees are: Program committee: Miss Nellie Ryan, Miss Margaret Fitzpatrick, Miss Anna Crotty, Miss Margaret Lee, Miss Edith Siddons, Miss Mary Rosa, Miss Loretta Dundas.

Committee for visiting the sick: Miss Helen Alt, Miss Anna Dunn, Miss Mary Stevens, Miss Mary Nolan, Miss Anna Lennertz, Miss Anna Lynch, Miss Julia Leish, Miss Anna O'Brien.

The following press committee was also appointed: Miss Anna Ryan, Miss Hattie Greaves, Miss Mary Kennedy, Miss Rachel Ten Eyck, Miss Katherine Fitzpatrick, Miss Margaret Davis.

Sister Lucy, Sister Theresa, Sister Mary Grace and Dr. H. D. Ingraham were appointed honorary members of the association.

The next meeting will be held on June 8 when there will be a reception in honor of the class of 1904 of the Sisters' Hospital.

Miss Adelaide Marsden has been offered the position of superintendent of the Infants' Hospital at Athol Springs, N. Y.

#### Connecticut Training School Alumnae Association

The regular monthly meeting of the Alumnae Association of the Connecticut Training School for Nurses, was held at the Nurses' Home, Howard Avenue, May 3. The meeting was called to order by the president, Mrs. Bergh. There were thirteen members present. The minutes of last meeting were read by Mrs. I. A. Wilcox, secretary.

It was voted to hold the annual meeting at the New Serf House, Savin Rock, June 7. Mrs. Sara Fleischner, Mrs. Anna W. Lockerty and Miss Heavren were appointed a committee to arrange for the dinner which will be given at the close of the annual meeting. I. A. WILCOX, Secy.

#### Children's Hospital Nurses' Alumnae Association

The second year of the Children's Hospital Nurses' Alumnae Association, San Francisco, has just closed, and a review of the work done during the past year will be of interest to many of our friends and members. In January, 1901, the generosity of our hospital manager made it possible for us to open the long wished for nurses' directory. Our desk and telephone were placed in the reception room of the Eye and Ear ward and the board and room and five dollars a month were contributed toward the support of our assistant secretary, who was placed in charge of the work. To the constant attention and supervision of Miss Lynch, whose work at the hospital is in the same building, we are largely indebted for the success which our own directory has enjoyed. In February, cards announcing the opening of the directory were sent to the physicians in San Francisco and adjacent towns. The demand for nurses has usually been in advance of the number of nurses registered for calls.

In March a special meeting was called and representative nurses of the State, including the superintendents of all the hospitals in the city, were invited to be present, and a State Association of Trained Nurses was formed, which bids fair to be the leading organization of nursing societies of the West. Through this association we expect to regulate the practise of nursing in this State, and secure such legislation as will provide for the examination of trained nurses and their registration by a State board of examiners appointed for that purpose. By so doing we will safeguard the public, and raise the standard of

August the order of "Spanish-American War Nurses" held its annual meeting in our city, with headquarters at the Presidio. It was our privilege on August 26 to entertain this body of women with a reception at the Nurses' Home. We also had the pleasure of meeting our hospital manager on this occasion. A program consisting of musical numbers was enjoyed by all, after which refreshments were served and our guests shown through the hospital. At this time our association was able to express in some way its appreciation of our corresponding secretary, Miss Eleanor Williams, by securing for her a life membership



GRADUATING CLASS, ALMA (MICH.) SANITARIUM

nursing and training schools; for unless a training school can give training of a quality that will ensure the pupil a fair chance of passing what will be termed State board examinations for nurses, it will soon fall from favor, or be obliged to raise its standard of instruction.

In May it was decided that a delegate be sent from our Children's Hospital Alumnae Association to the Nurses' Associated Alumnae of the United States, which held its sixth annual meeting in Boston, June 10, 1903. The writer was elected delegate and was received at the convention with every courtesy and our alumnae was admitted to full membership, being the only training school on the Pacific Coast admitted up to this time. In

the order of "Spanish-American War Nurses," she having served in Manila during the Spanish American War.

In December our Alumnae Association became incorporated under the laws of the State and started an endowment fund for the purpose of endowing a room at the hospital for its sick members. Very many of our nurses have other responsibilities than caring for themselves, making it impossible to provide for emergencies, and we feel sure that the appeal for funds to endow a room for those who have done so much to make sickness and suffering of others easier to bear, will find a ready response. In closing the year's work we do it with a hope and confidence of accomplishing

this end. We take this opportunity of thanking the following friends and members for gifts of money during the year: Mrs. W. B. Harrington, Miss Ada Payne, Miss Margaret Goodhue, Dr. Criswell.

We also wish to thank the Golden Gate Park management and Miss K. O. Sessions for gifts of flowers and material for decorating upon different occasions. Respectfully submitted,

HELEN P. CRISWELL, President.

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#### **Pittsburg Training School for Nurses**

The fifteenth annual meeting of the Alumnae Association of the Pittsburg Training School for Nurses was held in the chapel of the Homeopathic Hospital on Friday afternoon, April 15, 1904.

The following officers were elected: President, Mrs. Geo. O. Loeffler; first vice-president, Mrs. Ella Harrah; second vice-president, Miss Verda Rock; secretary, Williamina Duncan; treasurer, Frank N. Skelding.

Mr. Alex. R. Peacock was elected to the Advisory Board in place of Dr. S. M. Rinehart, who has served on this Board for five years.

Membership Committee: Miss Ida F. Giles, Miss Sidney Parker, Miss Mary E. Caughey, Miss Mary E. Hull. It was decided that the Alumnae Association should apply for membership in the Nurses' Associated Alumnae. Miss Giles and Miss Duncan were elected delegates to the annual meeting in Philadelphia.

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#### **St. Louis (Mo.) Notes**

The Associated Nurses of St. Louis have secured headquarters in the Fraternity Building, World's Fair grounds, where visiting nurses may register, and receive a pass which will entitle them to the privileges of the building. A nurse will be in charge to welcome and give any information necessary to those of our number visiting the Fair.

Nurses so desiring may have their mail addressed to the Nurses' Headquarters, Fraternity Building, World's Fair grounds.

We are looking forward with pleasure to meeting many of our visiting sisters, and we hope none will fail to seek the rest of a quiet hour at our headquarters, when tired with sight seeing on the Fair grounds.

HELEN KELLY,

Secretary, Associated Nurses of St. Louis.

Dr. Laidly, medical director of the World's Fair Emergency Hospital, has appointed Miss Krouse, late superintendent of the Lutheran Hospital, superintendent of nurses, Miss Horne, of

the same hospital, operating room nurse. The Emergency Hospital is quite small, with about forty beds. Patients are to be moved to the different hospitals in the city as desired.

Miss Helen Kelly, of the Hamilton General Hospital, Ontario, is superintendent of the baby incubator concession. The nurses engaged in the concession are provided with very comfortable quarters and have an eight-hour duty system.

The nurses on duty during May are the Misses M. Gray, M. Johnson, I. Cranston, C. Buhr, E. Consley, M. Stewart and Mrs. Tarry.

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#### **Pennsylvania State Nurses**

The Graduate Nurses' Association of the State of Pennsylvania assembled in quarterly convention in Hotel Sterling, Wilkesbarre, Wednesday and Thursday, April 20 and 21. The president, Miss Anna E. Brobson, of Germantown, called the meeting to order and introduced the Rev. Dr. H. L. Jones, who gave the invocation. Dr. George W. Guthrie was then presented and gave the address of welcome. Miss Brobson responded, thanking the doctor for his kindly interest, and giving an outline of the work intended by the association.

Miss McMillen, of the Presbyterian Hospital, Philadelphia, read an extended paper on the preliminary work of a nurse, and during the discourse said she thought the system followed by the Drexel Institute was worthy of consideration; in fact, she thought the plan worthy of adoption.

Miss Constance V. Curtis, superintendent of the Phoenixville Hospital, read a paper on "What Registration Will Do for the Public," and spoke especially of the deceptions practised by those who falsely represent themselves to be trained nurses. They are wholly unreliable and unfit to care for the sick. During the afternoon Miss Ida F. Giles, owing to ill health, tendered her resignation as secretary of the association.

A reception was given for the delegates at Hotel Sterling, by the Wilkesbarre nurses, on the evening of the 20th, which was a very delightful affair.

Previous to adjournment, the members decided to hold the third quarterly convention at Erie, Pa., on July 20 and 21.

MRS. GEO. O. LOEFFLER,  
Chairman Press and Pub. Com.

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#### **Cleveland, Ohio**

On Wednesday, April 20, at one o'clock, the Alumnae Association of the Cleveland Training



School for Nurses gave a luncheon in honor of the graduating class, which held their graduating exercises the evening of the following day.

The luncheon was held in the assembly hall of the Hollenden Hotel. Five tables were set, each accommodating eight persons. The decorations were of roses, pink, white and red, with asparagus fern, and the menu cards were of white with gold ribbon, the colors of the class.

Miss Lottie Gay, president of the association, was toast mistress, and many toasts were given. Mr. W. H. Webber, superintendent of the hospital, spoke on the "History of the School," and was followed by Mrs. Jean McGregor, the oldest graduate nurse in the city; Miss Alice Bowman, Miss Myrna Williams, Miss Florence Maillew, Miss Charlotte Ludwig, Miss Casey, principal of the school, and Miss Ethel E. Osborne, who responded for the class.

Several letters of congratulation were received, among them one from Governor Myron T. Her- ick, who is president of the hospital.

JESSIE E. LOYD, Secretary.

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#### Minneapolis (Minn.) Notes

The City Hospital Nurses' Alumnae Association met at the Nurses' Home, 625 Fifth Street, on Friday evening, May 6. After the regular business meeting, the nurses enjoyed a social hour. Refreshments were served by Misses Cochrane and MacDermid. Although there were thirteen at the meeting, the unlucky number did not seem to affect the spirits of the nurses.

Miss Alma Hedemark and Miss Byrtha Loughridge, nurses from the City Hospital, are in quarantine at Miss Hedemark's home, with smallpox. Although both have been very ill, having had the confluent form, we are glad to report they are convalescing.

The Northwestern Hospital Graduate Nurses' Alumnae met on Tuesday, May 3, at the W. C. T. U. building, where they have made arrangements to hold their meetings.

Miss Emily Friton, a graduate from the Northwestern Hospital, returned from a three months' vacation, which she has spent in Southern California.

Miss Bertha Erdman, a graduate from St. Barnabas, ex-superintendent of the City Hospital Training School of Minneapolis, now superintendent of Luther Hospital, St. Paul, has been

dangerously ill. Her many friends will be glad to learn that she is convalescing.

Miss Margaret Loughridge, from Chicago, has returned to Minneapolis, on account of the illness of her sister.

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#### Clifton Springs Training School

The Graduating exercises of the Clifton Springs, N. Y., Training School for Nurses were held in the Sanitarium Chapel, April 7th. The members of the graduating class took a very active part in the program, rendering it of unusual interest. The Class History, Miss Sterling; Class Prophecy, Miss Edwards; Class Poem, Miss Holcombe. At the close of the exercises an informal reception was held in the parlor. The following comprise the class of 1904: Marion Lavelle Clark, Blanche Estelle Sterling, Mary Frances Shepherd, Annie May Garfoote, Sarah Elizabeth Staunton, Florence Mary Treadgold, Edith May Rice, Annie Jane Reynolds, Mary Ethel Phair, Sophia Lafleur Hcy, Annie Spencely Samson.

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#### Woman's Hospital Nurses' Alumnae Association

The regular monthly meeting of the Alumnae Association of the Woman's Hospital, Philadelphia, was held at 1227 Arch Street, May 11, 1904.

There was a large attendance, fifteen members and three visitors being present.

Miss Ball's name was proposed for membership, class 1901.

Our treasurer, Miss Graney, read an interesting account of the Woman's Hospital from its incorporation in 1861 up to the present date, which was very much appreciated by those present. By kind invitation of Dr. Seabrooke, our June meeting will be held at the Woman's Hospital.

JANE LOVE, Rec. Secy.

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#### Niagara Falls Memorial Hospital

The commencement exercises of the Niagara Falls Memorial Hospital Training School for Nurses were held on Tuesday evening, May 10. Graduates: Miss Maud Cornia Holmes, Mrs. Minnie Walker, Miss Louise Kildow, Miss Isabel Boyden, Miss Amy Buzza, Miss Mary Gardner Kelly, Miss Eleanor Judge.

Invocation, Rev. Mr. Roy; address of welcome, Mr. C. M. Hall, president of Hospital Board; music, University quartette, Mr. Carl D. Stephan, Mr. Claude Stephan, Mr. Edward Sicard, Mr. Geo. D. Burrell; address to graduates, Dr. Carlton C. Frederick, of Buffalo; presentation of

diplomas, Dr. Wm. H. Hodge; presentation of badges, Dr. C. L. Lawlor.

Miss Mary Gardner Kelly will spend the summer in St. Louis, assisting her sister, who has charge of the infant incubator at the Exposition.

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#### **Graduation at the Pennsylvania Orthopedic Institute**

At the close of the second winter term 1903-04, sixteen scholars received diplomas at the Pennsylvania Orthopedic Institute and School of Mechano-Therapy (Inc.) Philadelphia, in the scientific application of medical massage, Swedish movements, and medical and orthopedic gymnastics, and four in electro-therapeutics, making fifty-two graduates in massage and twenty-one in electro-therapeutics for both winter courses.

The names of the graduates in massage and electro-therapeutics are: Kathrine Anderson, Butte, Mont., graduate Chicago Hospital; Edith W. Knight, Dover, Del.; Olivia J. Roseboro, Wagontown, Pa., graduate Reading Hospital, '99; Alice H. Kent, Middleton, Eng. (electricity only).

The names of the graduates in massage, Swedish movements, gymnastics, etc., are: Anna E. Reeves, Philadelphia; Daisy L. Brooks, Lancaster, Pa.; Sarah G. Dougherty, Philadelphia; Jennie Holmes, Philadelphia; Mary G. Burke, Atlantic City, N. J.; Mae B. Borst, Washington, D. C. (formerly University of Pennsylvania Hospital); Julia H. Kirk, Philadelphia; Grace I. Stiles, Philadelphia; Mabel Boston, Hamilton, Ont., Can.; Elizabeth K. Bates, Wenonah, N. J.; Alice A. Yeaw, Vineland, N. J.; Mame E. Pyle, Kennett Square, Pa.; Margaret J. Donohoe, Clonegal, County Carlow, Ireland.

The summer course and a special course to nurses in the above branches commence June 15.

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#### **Associated Alumnae Convention**

It is with pleasure that we look back and review the work done by the Associated Alumnae, which has just held its seventh annual convention in Philadelphia.

Registration of delegates took place at the Drexel Institute, Thursday morning, May 12, after which the convention was formally opened with an invocation by Bishop Whitaker. An address of welcome by the president of the institute, J. A. MacAlister, LL.D., had been planned for, but sudden illness prevented Mr. MacAlister being present.

The annual address by the president of the

association, Miss Mary M. Riddle, was next in order. We are here," said Miss Riddle, "to renew our acquaintance with each other and to welcome the new associates who have joined our ranks since last we met."

Miss Riddle suggested that some form of affiliation with the Red Cross Society was desirable.

At the close of Miss Riddle's address, the meeting adjourned until Friday morning. The remainder of Thursday afternoon the officers, delegates, members and visitors were entertained on the roof garden of the Polyclinic Hospital. In the evening special cars took all out to Queen Lane station, Germantown, where we were entertained at the Manheim Cricket Club, as guests of the managers of the Germantown Hospital.

After being heartily welcomed by the president of the hospital staff, a humorous "Address to Nurses" was made by a son of Mary Mapes Dodge. A reception and collation followed.

Friday morning, May 13, the convention again assembled at the Drexel Institute, and from 9.30 to 10.00 o'clock, an organ recital was given by Mr. James M. Dickinson. The organ at the Drexel Institute is said to be one of the finest in the world. It was indeed a restful pleasure to sit in the quiet chapel listening to its rich, melodious strains.

At the morning session the various committees and officers made their reports, but as figures and statistics are frequently uninteresting we present only that of the committee on periodicals.

#### **PERIODICALS.**

A committee had been appointed last year to confer on the feasibility of the associated alumnae owning the journal, and to devise ways and means of accomplishing this. Circulars were sent to all stockholders inquiring how much each wanted for shares. Eighteen out of forty answered. All were willing to sell at par. Circulars were then sent to the alumnae association asking if they wished to buy. Nine out of eighty answered. The committee then made the following suggestions: First, assess the alumnae associations; second, that individual alumnae associations purchase stock and turn it over to the associated alumnae; third, that the associated alumnae borrow money with which to purchase stock; fourth, that the associated alumnae purchase the unsold shares, and later purchase from those who were willing to sell until a controlling interest should be obtained. The chair appointed a special committee of five to confer with the Board of Directors regarding this matter and to report on Saturday.

On Saturday morning the chairman of the special committee on periodicals reported. The stockholders were ready to give up stock. The committee had tried to sound the delegates. It appeared that fifteen wished no change, three expressed no opinion, five owned stock, six favored no magazine, seven favored associated alumnæ ownership.

After this report Miss Damer offered the following resolution: "That it is the sense of this meeting that the associated alumnæ buy the journal at this meeting." She stated that she did this to get the opinion of those who had not expressed themselves. The resolution was carried, but as Miss Damer voted against it herself, the delegates did not understand and did not see the sense in voting to buy a thing when there was no money.

It was moved by Mrs. Robb, seconded by Miss Goodrich, that a committee of ways and means be appointed for buying the twenty-eight unsold shares. The chair reappointed the special committee on periodicals.

At the afternoon session State registration was the subject under discussion. This is probably one of the most absorbing questions at present before all nurses, and was handled with interest and enthusiasm by nurses from various States. The advantage of gaining immediate recognition by the law, even with low standards in the start, was argued for by some, while others of the speakers felt it was best to work slowly with the law, with the aim of securing a well rounded and more perfectly worked out plan.

The program for this session was Reports of State Societies: a talk by Miss Palmer. Paper—"The Justice of an Examining Board Composed of Nurses," by Miss S. H. Cabaniss. Paper—"The Necessity for Low Standards in the Beginning," by Miss I. C. Rose. Paper—"State Reciprocity," by Miss M. Adelaide Nutting.

At the close of the afternoon meeting a visit was made to Girard College, where the members of the convention had been invited to witness the students in their drill and view the college.

From four to six o'clock tea was served at the Training School of the Woman's Hospital, situated directly opposite Girard College.

At eight o'clock in the evening a banquet was given by the graduate nurses of Philadelphia to the delegates and officers at the Roosevelt. All others interested in the convention and wishing to attend the dinner were privileged to do so by purchasing a ticket.

The dinner was a success from start to finish. Covers were laid for two hundred, but after all were assembled it was found necessary to provide seating capacity for more in the reception room adjoining the spacious dining hall. The decorations were both tasteful and generous. Southern smilax decorated most effectively the dining hall walls, which were of deep red. American beauty roses, carnations and other flowers all lent their aid in adding beauty to the tables.

A band of music played between courses, and at the close of the dinner the toast-mistress, Miss Goodrich, proposed the following toasts: "The Progress of the West," responded to by Miss McIsaac; "Northern Lights in Southern Skies," responded to by Mrs. Robb, after which the band struck up the lively strains of "Way Down South in Dixie"; after this, the toasts were continued as follows: "Institutional Administration in the Future," responded to by Miss Shaw; "Those Who Minister," responded to by Miss Annie Ross; "Our Profession and the State," responded to by Miss Palmer, and "The New England Woman," responded to by Miss Jones.

Saturday morning the meeting again assembled, when interesting and valuable papers were read on the subject of "Central Directories," prepared by Miss Helena McMillan, B.A., Illinois Training School; Miss Gertrude Phillpots, St. Luke's Hospital, Chicago, and Sister Inatius Feeny, Mercy Hospital, Chicago.

The comparative values of one large or several small directories were discussed in the papers.

If we consider the usefulness of the registry from the doctor's side of the question, ran the thoughts of one speaker, then undoubtedly one large, central directory in a city is better; but if we consider the directory from the point of usefulness to the nurse, then several small ones might be more advisable.

The speaker felt that while a first-class nurse who is once well established in a city will have all the work that is good for her, regardless of where she may be located, nevertheless, there were three other sets of nurses to whom the directory would be of benefit, *i.e.*, the strange nurse, coming into a city where she is not known; the new nurse, recently graduated from her training school, and the second or third rate nurse.

By having a central directory, the strange nurse would be afforded an opportunity of proving her value to the doctors of the city to which she has come.

For the new nurse, the advantages would be similar to those for the stranger nurse and her

hospital would be happily relieved from the care of a registry. The second-rate nurse is more likely to get cases by being on a registry, but of course her shortcomings will reflect discredit to the entire registry.

The speaker further pointed out that a nurse might do very excellent work for a physician to whom she was a stranger; he might at the close of the case commend her highly and ask for her card, which she would gladly give him, and he straightway lose it. Months afterward, he would happen to meet her and tell her that he had several times wanted her on cases but had lost her address and had no idea where to find her. With a central directory this difficulty would be obviated.

In a paper prepared by Sister Inatius, the writer pointed out some of the present existing inconveniences and difficulties with which the physician meets in securing a nurse for a hurried call. Sister Inatius argued in favor of the establishing of a central directory with pleasant, home-like rooms connected therewith for nurses. In closing her interesting paper Sister Inatius said: "These thoughts are but a beam in darkness; let them grow."

At the afternoon meeting an address was made by Miss Marion E. Smith on "Pioneer Work of Alice Fisher in Philadelphia."

Next in order was the election of officers for the ensuing term. Miss Riddle, president; Miss Thornton, secretary; Miss Healy, treasurer, were all re-elected.

At the close of the afternoon meeting the officers, delegates and all visitors were taken out to Fairmount Park by trolley and stages, after which they were brought back to the Episcopal Hospital, where they were received as guests of the managers, and supper was served.

This closed a most delightful three days' convention. The sky fair from start to finish, weather perfect in temperature, together with the hearty hospitality of our Philadelphia sisters, leaves a lasting and happy impression of the seventh annual convention of the Nurses' Associated Alumnae of the United States.



#### Camp Roosevelt

A business meeting—as ordered—was held on Monday, May 2, with a good attendance. Adjutant Eastman was in the chair. A telephone was received from Captain "Pusie," regretting her inability to be present. It was unanimously agreed to re-elect the same officers for the coming year. A motion was made and carried to hold the monthly meetings

hereafter at 8 P. M., instead of 3 P. M., for so many of the members in permanent city positions could then attend. The meeting then adjourned and a social chat was enjoyed over the delicious refreshments served by Miss Haltern, our hostess, in her usual charming way. The next meeting of the camp will be at 8 P. M. on Monday, June 7, at the usual place, 155 East Eighty-third Street. All members of the S.-A. W. Nurses are invited to be present.

FLORENCE M. KELLY,  
Lieutenant.



#### The Guild of St. Barnabas

The Orange Branch of the Guild of St. Barnabas for Nurses held its regular service and meeting for the month of April at the Church of the Holy Communion, South Orange. An address was made by the rector of the church, the Rev. Lewis Cameron.

After the service the members adjourned to the church guild room for the business meeting. We had the pleasure of having as our guest the Rev. Dr. Scudder, chaplain of the Brooklyn branch of the guild. An invitation was read from the "Playgrounds Committee of the Oranges," asking the guild to send a committee to meet with them. As the guild is now quite busy with various other charities it was decided it would be best to decline, for the present, the invitation of co-operation.

The name of Miss B. M. Druge was added to the committee on the anti-tuberculosis movement.

The committee on the pension or annuity fund reported progress, and the subject was discussed with much interest.

Owing to illness, we were deprived of the benefit of advice from the business men whom we were expecting to have with us.

As Mrs. Stephens, chairman of the committee, expects to be abroad during the summer the name of C. M. Hollister was added to the pension fund committee.

After the business meeting a social time with refreshments followed.



#### German Hospital Nurses

The graduating exercises of the German Hospital, Brooklyn, N. Y., were held May 12, 1904. Thirteen young women received diplomas.

A very interesting musical program was one of the special features of the evening.

Addresses were made by President Heitman,

of the German Hospital Association, and Rev. Dr. Jacob Loch.

Dr. J. H. Droge, chairman of the executive committee, delivered the address to the graduating class in a most able manner.

Vice-President Francis A. Deck presented the diplomas and medals to the young women.

A reception followed the exercises. In the afternoon the graduating class were given an automobile ride around the city to Prospect Park.

The Alumnae Association of the hospital served a dainty luncheon in the nurses' home.

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#### **Medico-Chirurgical Hospital Nurses' Alumnae Association**

The regular monthly meeting of the Medico-Chirurgical Nurses' Alumnae Association was held on Wednesday, May 4, 1904, at 3 P. M.

President Anna G. Davis called the meeting to order.

Three names were proposed for membership; one new member admitted.

Several items of business carried over from the April meeting were discussed and dispensed with satisfactorily.

Report of Cap Committee will be read at the June meeting. An invitation to attend the meetings of the Graduate Nurses' Associated Alumnae was read, and several nurses appointed to attend.

After the meeting the nurses gave a tea for Miss Pridham, but were very much disappointed at her absence.

Next meeting will be held in June.

The second annual reception to the graduating class of the Medico-Chirurgical Hospital was given by the Alumnae Tuesday, May 24, in the Greble Building.

E. M. RITTER.

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#### **West Pennsylvania Alumnae Association**

The West Penn. Nurses' Alumnae Association, of Pittsburg, Pa., has held bi-monthly meetings, on the first and third Wednesdays, during the past winter; the first monthly meeting being largely devoted to business connected with the association, and the second to the discussion of current events.

The official board hoped that this frequent intercourse would develop a stronger feeling toward the maintenance of a high standard for the Alumnae Association, and such has been the excellent result.

Toward the end of the winter's meetings, quite a desire for a stronger social function manifested

itself. A benefit dance and euchre to add to the treasury, from which to pay National dues, to send delegates to the State and to the National Nurses' Associated Alumnae, etc., was suggested, and unanimously carried. Mrs. Clarence Ingram, Miss Carrie Robertson and Miss Mary Talbot were chosen to inquire into the feasibility of such a plan and later were empowered to make all arrangements for an up-to-date entertainment in Brann's Academy, on the last Thursday in April.

The patronesses were mostly wives of prominent physicians and included Mrs. C. O. Anderson, vice-president of the Alumnae Association; Mrs. J. Hartley Anderson, Mrs. J. W. Macfarlane, Mrs. M. C. Cameron, Mrs. L. W. Swope, Mrs. E. B. Haworth, Mrs. Percival Eaton, Mrs. John D. Milligan, Mrs. Peter Bechtel, Mrs. Clarence Ingram, Mrs. George McNish, Mrs. Lawrence Litchfield and Mrs. J. H. Armstrong.

The fifty members of the association worked very earnestly to make the evening a success, and, in spite of most inclement weather, the reception committee, Miss Nora Hickey, Miss Myrtle Lang, Miss Rosamond Cook, Miss Margaret Anaker, Miss Mary Talbot and Mrs. Ingram, welcomed a large number of guests; the treasury received a substantial addition to its general fund; and the dancing hall, the card rooms and the dining hall served for reunions not common among such a busy set as the trained nurses and the patrons and physicians. The function will long be remembered with great pleasure by those interested.

The following were elected to offices the first of the year: Miss Helen Hunt, president; Mrs. C. O. Anderson, first vice-president; Mrs. C. H. Ingram, second vice-president; Miss Elizabeth Walley, treasurer; Miss Leigh Thompson, secretary.

LEIGH A. THOMPSON.

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#### **N. Y. C. T. S. A. A.**

The Alumnae Association of the New York City Training School held its regular monthly meeting at the Academy of Medicine, 17 West 43d Street, on Tuesday, May 10. After the usual routine of business, Edward T. Devine, Ph.D., editor of *Charities* and general secretary of the Charity Organization Society, then addressed the meeting on "The Trained Nurse in Philanthropy." Dr. Devine's excellent address will be published in full in the next number.

After the meeting the nurses adjourned to the banquet hall. The refreshments which followed were a donation from Mrs. David Ingersoll and Miss Canfield. JULIA M. SYRON, Cor. Secy.

**Correction**

In the personal mention in May issue, in speaking of Miss Sutcliffe's resignation, the name was incorrectly given as Miss Irene Sutcliffe. It should have been Miss Ida Sutcliffe.

**Birth**

On February 26, 1904, at Buffalo Homeopathic Hospital, Mr. and Mrs. W. F. Burns were blessed with a son. Mrs. Burns was formerly Miss Kathryn L. MacNabb, graduate nurse of the Buffalo Homeopathic Hospital. We herewith extend our heartiest congratulations.

**Married**

Miss M. S. Oswald, a graduate of York Hospital (Pa.), class of 1899, was married on April 28 to Dr. C. E. Pease, of Middletown, Pa.

Mr. Lorin Alzamora Clark and Miss Anna Marie Seagran announce their marriage on Tuesday, April 5, 1904, at Manila, Philippine Islands.

Mr. Sayre Manderville and Miss Maud Clarke announce their marriage on Thursday, March 10, 1904. Both of New York. Miss Clarke was a pupil nurse in the Brooklyn Homeopathic Hospital Training School.

At Felchville, Vt., May 4, 1904, by Rev. M. T. Morrill, Miss Etta Emily Hoisington to Dr. George Albert Weaver, of Warren, N. H. Mrs. Weaver is a graduate of the Mary Hitchcock Memorial Hospital, at Hanover, N. H., class of 1901.

At St. Joseph's Church, Philadelphia, May 4, 1904, Miss Mary Mullen Slattery, of Freehold, N. J., and Mr. Frederic A. Lanahan, of Philadelphia. Mr. and Mrs. Lanahan will reside at "The Newport," Philadelphia, on their return from abroad. Mrs. Lanahan is a graduate of the first class from St. Agnes' Hospital, Philadelphia.

A very quiet home wedding took place at the residence of Mr. and Mrs. David Fowles, of Niagara Falls, Ont., when their daughter, Jean B., was united in marriage to Mr. George A. Keller. Rev. Mr. Findlay performed the ceremony. The bride was attended by her sister, Miss Margaret Fowles, and Mr. Neil H. Keller was best man. Mr. and Mrs. Keller left for a short trip and will be at home at The Westgate after June 1. Mrs. Keller was formerly superintendent of the Children's Hospital, Buffalo, N. Y.

**Personals**

Mrs. Marion D. Lingenfelter, matron and superintendent of Training School, Amsterdam Hospital, Amsterdam, N. Y., has tendered her resignation, to take effect July 1. The following editorial comment appeared in one of the Amsterdam daily papers:

"Mrs. Lingenfelter has served as superintendent of the hospital for twelve years and no one can gainsay the statement that she has performed her arduous labors in a manner that has proved to be at all times for the best interests of the institution. Her executive ability and intimate knowledge of the minute details of hospital work in every particular have made Mrs. Lingenfelter of invaluable worth to the hospital, the success of which may be attributed in a large measure to her capable management. Mrs. Lingenfelter has decided to take a long desired rest and at the conclusion of her labors here will go to her home at Auburn."

The German Hospital, of Brooklyn, N. Y., will send Miss Ella B. Kurtz, the superintendent of nurses, abroad for a course of study, also to represent the hospital at the International Congress of Nurses to be held in Berlin during the second week in June.

The German Hospital is a new one, but one of the most progressive ones in the city.

Miss Ida F. Giles has tendered her resignation as secretary of the Graduate Nurses' Association of Pennsylvania, and Mrs. Edwin Lewis, of Brad-dock, has been appointed to fill the vacancy. Miss Giles will sail for Europe May 28. This and ill-health are reasons given for her resignation.

Director Martin, of the Department of Health and Charities, Philadelphia, Pa., has temporarily appointed Miss McDonnell, of the Massachusetts General Hospital in Boston, an assistant chief nurse at the Philadelphia Hospital. The position was made vacant some time ago by the resignation of Miss Lippincott.

Miss Louise I. Des Brisay, who has been matron of the Melrose (Mass.) Hospital for the past ten years, has resigned her position.

Miss Louise Warren has been appointed superintendent of the Union Hospital, Terre Haute, Ind.

Miss A. G. Deans has resigned her position as chief surgical nurse in the Children's Free Hospital, at Detroit, Mich.

Miss R. Maloney has been appointed superintendent of the new sanitarium at Jackson, Mich.

Miss Eda Louis has resigned her position as matron of the University Hospital, at Iowa City.

Miss M. A. Byrne has resigned her position as superintendent of nurses of the training school of the Atlantic City Hospital.

Miss J. M. Morrison, superintendent of the Hoffman Hospital, Keyser, W. Va., has resigned her position, to take effect June 1.

Miss Sara Bolton, superintendent of the Evansville Sanitarium, Evansville, Ind., tendered her resignation in January last, same to take effect June 1.

Miss Charlotte M. Perry, formerly superintendent of the Clinton (Mass.) Hospital, has been appointed superintendent of the Faxon Hospital, Utica, N. Y.

Miss Keely, formerly head nurse in the Home for Incurable Children, Toronto, and now doing private nursing at Medicine Hat Association, is meeting with great success.

Miss Marth P. Parker, formerly superintendent of the Salem (Mass.) Hospital, has been appointed superintendent of the Clinton (Mass.) Hospital.

Miss Emma J. Ksters has resigned her position as superintendent of nurses at Prospect Heights Hospital, Brooklyn, N. Y.

Miss Cowdrey, of Maquoketa, Iowa, a graduate of the Mary Thompson Hospital, of Chicago, Ill., has purchased a building lot, on which she intends erecting a home for herself and sister.

Miss Annie L. Goodman has been appointed supervising nurse at the Presbyterian Hospital, Chicago, Ill.

Miss Allie Underhill, of Boston, paid a flying visit to Toronto a few weeks ago. She is going to spend the summer in Ireland.

Miss Allison, superintendent of the Home for Incurables, Toronto, has resigned her position.

Miss K. Underhill, after four years of faithful service, has been obliged to resign her position as lady superintendent of the Home for Incurable Children, Toronto, owing to ill health. She is taking a six months' rest. She will be greatly missed by all, especially the little inmates of the home. Her position has been filled by Miss Hornibrook, late head nurse of the home. We wish her every success.

### Obituary

At the Long Island College Hospital, Brooklyn, on April 19, Miss Lucy Alix Wood, formerly of Cork, Ireland, of rapid tuberculosis, following pneumonia.

Miss Wood graduated from the Training School for Nurses of the above hospital in the class of 1889, and has practised her profession in England, Ireland and the United States.

The following resolutions were adopted at the May meeting of the Alumnae Association:

*Whereas*, It has pleased God to call from her labors one of our most faithful and indefatigable nurses;

*Resolved*, That we express to the family of the deceased our deep sympathy with them in their bereavement.

*Resolved*, That a copy of these resolutions be sent to her family, and recorded in the minutes of our association, and also be sent for publication in the nursing journals.

J. E. O'DALY,  
REGINA KELLY,  
CLARA HALL.

The Alumnae Association of the Mt. Sinai Training School for Nurses has learned with deep regret of the death after a short illness of Miss Isabel Ash at her home in New York city. Miss Ash was a graduate of the class of 1883, and a member of the Alumnae since its organization therefore, be it

*Resolved*, That our association and the nursing profession have lost a sincere and devoted member, and be it further

*Resolved*, That the sympathy of this association be extended to her family in their bereavement, and that copies be printed in THE TRAINED NURSE and be entered in the minutes of this association.

J. GREENTHAL,  
JANE H. RYERSON,  
SUSIE SHILLIDAY.

# The Editor's Letter-box

The Editor is not responsible for the views of contributors.

## The Diet of the Convalescent

DEAR EDITOR: May I be allowed to use the pages of your journal to call the attention of doctors and nurses to a possible blunder that, if made, would be most disastrous in its consequences—most perilous to human life?

Dr. Gilman Thompson, in his excellent work on "Dietetics," in the chapter on typhoid fever, after most clear directions and cautions in the delicate matter of feeding a convalescent from typhoid fever, gives an admirable specimen Table of Diet for a succession of days. "Which diet," he says, "may be begun a few days *after the disappearance of all fever.*" He then prescribes very light food for the first day, gradually progressing onto more and more solid food up to the fourteenth day, "when," he says, "the patient may be allowed to choose for himself," within certain limits.

Now it is manifest that in Dr. Thompson's intention these "days" refer solely and only to the days of the *application of this particular Dietetic Table*, yet the writer is convinced that this very table is used as if the "days" therein mentioned referred to such and such days of the *convalescence*.

The very articles given in this list for the ninth, tenth and eleventh days of the application of this dietary were given on the ninth, tenth and eleventh days from the time normal was first touched *in the morning only*. In other words, sweetbreads, chop and chicken were fed to a convalescent on the ninth, tenth and eleventh days after the patient came out of the delirious state, which had held for two weeks. This treatment was justified by quoting the best modern authorities.

I have failed to find any authorities who uphold this practise. Dr. Gilman Thompson for one certainly does not.

A most pitiable relapse ensued.

Here is a statement of the case. I entered the hospital on the 3d. The fever ran a severe course of "straight typhoid, without complication," as a doctor told me. It lasted two weeks. Highest temperature on the 8th, 105.8°. On the 17th, approximate normal was reached. How long the fluctuation lasted, when it is normal or sub-normal in the morning and rises toward midnight, I cannot say, as the convalescence was

rapid, and we ceased to ask temperatures. On the 18th it was 99° in the afternoon; probably rising considerably by midnight. As every one knows, no typhoid fever leaves suddenly. On the 22d, the special nurse left, saying the patient, now, needed only continued good care, as health was practically restored. The patient was cheerful, talking of nothing but food. On the 26th, 27th and 28th big meals were given, meat, potato, bread and butter, cocoa and dessert. The patient relapsed on the evening of the 28th.

Fresh inoculation or food, which?

A dangerous doctrine prevails in some medical minds that all relapse in typhoid fever is due to a "germ" or germs that will come to activity unaccountably and spontaneously, even when convalescence has been thoroughly established, and that no human power can avoid the relapse. It is taught that, according to statistics, one case in eight will relapse because of interior germs that have remained in the system, which will sometimes break out into virulent activity even in the midst of a happy and hopeful convalescence. We are taught that this will happen "even if the patient is kept on 'slops' up to the very day." Such teaching implies that food has nothing to do with a relapse; that the germ is entirely to blame. We are to believe that suddenly, like a bolt from a clear sky, just as dressing gown and slippers and the reclining chair are in near prospect from the bed where so much suffering has been endured, these germs will suddenly come to life in the patient and cast out hope, bring in despair and cause a descent into an abyss of misery, where all had been so bright and happy. Dr. Gilman Thompson does not talk this way.

## UNAVOIDABLE "FRESH INOCULATION."

We grant there *are* cases of relapse due to a germ. In these cases the fever will almost leave, so that it will seem as if convalescence were about to begin. Then fresh exacerbations of fever occur unaccountably, as in many cases in the recent epidemic in Butler, Pa. The patient sinks back into fever. Then another improvement takes place for a while, then another accession of fever, and so on. These are *true* cases of "re-infection," the end almost always death.

We grant that in these cases the original germ *is* at fault, or its posterity hatching out at stated



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exhaustion, and increases the  
capacity for hard mental and  
physical labor. Insist on  
having

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Acid  
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periods, casting the sufferer back, though "no food but liquid has been given up to the very day."

But is there not a distinction to be made between these sad cases of almost inevitable death, where the germ and it only is to blame, and those other cases where the germ battalions have suffered defeat, and been driven off the field? In case of a relapse out of convalescence that is almost health, would the "germs" ever have been heard from again unless they had seen a "feast of fat things" coming down to them, so that they are encouraged to rise to new conflict, in hope, this time, of complete victory? But has the germ anything to do with a relapse out of convalescence? The fever has different characteristics; it is jerky, irregular, ugly, erratic. Some have held that it is due to hard fecal matter tearing its way along a tract thinned, lacerated, eaten away by ulcers. That it is due also to the effects in the system of a kind of food that no wise person would allow in fever of any kind, even where there are not the reasons for light food that are so imperative in typhoid fever.

#### STARVATION.

After a relapse out of convalescence there will be, of necessity, a return to liquid food. Dr. Thompson ("Dietetics," page 409) warns against unduly prolonging the low diet. There is a wide range of nourishing foods that would build up out of that woeful ruin that has been caused by solid food, without again plying the trays of meat, etc. There is a golden mean between stuffing into relapse and starving into an anemic skeleton, with purple finger nails and roseate flushes on the cheeks. Starvation fever, with its few points rise of temperature, its nervous symptoms of brain irritation, its wild hallucinations of an unnourished brain, is even more torturing to the patient and to those who love and watch and agonize, than even the relapse into fever, with all its piteous wreckage had been. This starvation fever (see yet once again Dr. Gilman Thompson's "Dietetics," page 409) is cruel. Doctors and nurses are at their wits' end. They don't know what to blame for the patient's unaccountable state. They are ready to blame anything or any body. Oh, the torture of it!

#### INSOMNIA.

Dr. Eliot Gordon, of Philadelphia, classes cocoa and chocolate with tea and coffee as bringing on sleeplessness. Dr. Thompson says cola will produce the same effect. It is certainly better to give plain food than "confectionery" and to de-

pend on good food rather than drugs to increase strength. The men and women who have devoted their lives to the Christ-like tasks of doctoring and nursing will consider these points, and do all that is possible by earnest study to prevent the awful suffering that comes from relapses and their consequences. The Divine Healer who heals "with means, without means and even against means," grant us all wisdom.

A MISSIONARY WORKER.



#### Surgical Nursing

DEAR EDITOR: Will some one kindly tell me where I can get a good book on the dressing of suppurating wounds, also how long to keep in dressing in a pus wound, and what kind of drainage is best for abdominal pus.

AN IOWA CORRESPONDENT.

[We would recommend the following books: Elementary Bandaging and Surgical Dressings (Pye), 75 cents. Surgical Nursing (Voswinkel), \$1.00. Bacteriology and Surgical Technique for Nurses (Stoney), \$1.25. A Nurses' Guide to the Operating Room (Senn), \$1.50.]



#### Si op. Sit

DEAR EDITOR: In one of the numbers of THE TRAINED NURSE, a nurse, in giving her experience on a case, used the term S. O. S. Will some one tell me the meaning of same, as I have endeavored to find it and have not succeeded.

A SUBSCRIBER FROM CALIFORNIA.

[*Si op. sit* or *Si opus sit*—if there be need.]



#### Competent Masseurs and Masseuses

DEAR EDITOR: So many nurses having studied and made a profession of massage, I think this subject may be of some interest. At the present day, we find the word massage much abused, Men and women with little or no training in the "art" are calling themselves competent masseurs and masseuses, while those who have worked hard to perfect themselves, and have graduated in that particular line, are often looked upon as no better than the quacks. Something should be done to remedy this and it would, I am sure, help matters, if we would band ourselves together, forming a club which would allow no one to become a member unless he or she were graduated from a reliable school or physician.

Many of the so-called massage institutes should be closed by the law, but they appear at the present time to be flourishing. If we, as I

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FOR MORE THAN 6,000 YEARS the Hebrew race has obeyed a sanitary law very peculiar, very strict, but highly to be respected. Things pure in accordance with that ceremonial law are called Kosher, and HAND SAPOLIO, free from all animal fats or greases, being made of the purest and most health-giving vegetable oils, is strictly Kosher.

This fact should give it preference over all doubtful soaps—among Gentiles as well as among Jews—and a single trial of its merits will convince anyone of its great excellence

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HAND SAPOLIO neither coats over the surface, nor does it go down into the pores and dissolve their necessary oils. It opens the pores, liberates their activities, but works no chemical change in those delicate juices that go to make up the charm and bloom of a perfect complexion. If you want a velvet skin don't PUT ON preparations, but TAKE OFF the dead skin, and let the new perfect cuticle furnish its own beauty.

**Don't argue, Don't infer, Try it!**

**Its use is a fine habit.**

**Its cost a trifle.**

said before, banded together, we could have our directory, which should be brought to the notice of physicians and nurses; we could also, without detriment, advertise the fact that graduates in massage (reputable and competent) would be found by applying to such an address.

Will some others kindly give their opinion on this subject? Yours very truly,

MARGARET L. WOOD.

•

#### Testimonial

DEAR EDITOR: I take advantage of the opportunity afforded by the renewal of my subscription to express my appreciation of THE TRAINED NURSE. It is certainly a great help to me; I would not be without it. The articles relative to diseases of children are especially interesting to me, as I have charge of the House of Refuge Hospital, with patients ranging from four to twenty years. The institution cares for about three hundred children; out of that number some are ill all the time, so I am usually quite busy and do not get out much to know what is going on in the nursing world. THE TRAINED NURSE is therefore especially valuable to me. With best wishes for its continued success. Sincerely yours,

LENA RIVERS.

#### Toronto, Ont., Nurses

The nurses of Ontario will look back in future years with gratitude to those of their sister nurses who were energetic and untiring in their efforts to present to the various alumnae associations of Ontario the great need for a graduate nurses' association. The object of the association just formed is to raise the standard of nursing and to secure legislation and registration which will protect graduates of the recognized training schools. Similar organizations exist in other parts of America, that in New York State being particularly flourishing. There are 1,500 graduates of regular hospitals, who have formed an association legally empowered to confer diplomas, that they might be distinguished from 15,000 other nurses who had acquired their knowledge through correspondence schools or in some irregular way.

The chair at Saturday's meeting was occupied by Mrs. Paffard, president of the General Hospital Alumnae Association, who stated briefly the object of the meeting, and was followed by Miss Annie Damer, of Buffalo, who told what legislation had done for the nurses of New York. Miss

#### Wilbur Walder a Surprise to Doctors

DEAR EDITOR: At his home on Wheatfield Street, North Tonawanda, N. Y., Wilbur Walder, aged eight years, has been lying critically ill with cerebro-spinal meningitis, for the past seven weeks.

During that time there has been no improvement in the condition of the child, and he is still in a very critical condition. The child was delirious in the first part of the disease, but for the past three weeks he lies in the same semi-conscious condition. Last Saturday (May 7) he went into a deep stupor, and it still continues; nothing rouses him.

The physicians are deeply aroused over the case and deem it wonderful how the boy holds on in a disease which seems to baffle science.

A BUFFALO NURSE.

•

#### Untrained Nurses

DEAR EDITOR: I am glad some sister nurse has asked in THE TRAINED NURSE that "some one please suggest a way to prevent untrained nurses from doing private work under the assumed name of graduate." The same thing is done right here in beloved Baltimore. Now, please, somebody say something. Say it now. What are we to do?

BALTIMORE NURSE.

Snively then read a paper on the advantages of higher education for the members of the profession, and Dr. Helen McMurphy referred to the good effects which the legal and medical professions derived from similar legislation.

The elections were then proceeded with and the following appointments were made: President, Miss Elizabeth Campbell Gordon, of the Emergency Hospital, Toronto; first vice-president, Miss Watman, of Kingston; second vice-president, Miss Rice, of Ottawa; secretary, Miss Julia Stewart, of the Toronto General Hospital; treasurer, Miss J. Hamilton, of the Sick Children's Hospital, Toronto.

All the nurses who were present at that meeting are recognized as chartered members. It is to be hoped that each member will take an active part and feel her responsibility in forwarding the above association from all standpoints. The next meeting will be held on the Saturday preceding Easter Sunday in Toronto. Owing to lack of time many important articles of the constitution could not be discussed.

JOSEPHINE HAMILTON.

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the vital chemistry of nature the nucleo-proteids of certain vegetables (lentils, spinach, etc.) take up the iron from the soil and transmute it into a true organic iron.

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# Book Reviews

*A Manual of Fever Nursing.* By Reynold Webb Wilcox, M.A., M.D., LL.D., Professor of Medicine in the New York Post-Graduate Medical School and Hospital; Consulting Physician to the Nassau Hospital; Visiting Physician to St. Mark's Hospital; Fellow of the American Academy of Medicine; Member of the American Therapeutic Society, etc. Illustrated.

In this volume the author has arranged the series of lectures on fever nursing which were delivered to the nurses of St. Mark's Hospital during the season of 1903-4. The volume comprises some 227 pages and is most conveniently divided into nine chapters, with thirteen illustrations well placed. In the first chapter the general term "fever" is taken up and treated in a way that brings out all the essentials of that important group of symptoms. Here the author shows that fever is something more than abnormally high temperature. Rather the result of various causes, either generated within the body, or introduced from without, acting upon the nervous system. From this basis he goes on to the different varieties of fevers, their different modes of onset and termination; relapse; normal and abnormal temperature; symptoms. The last topic is divided into symptoms referable to the skin; to the mucous membranes; to the organs of digestion; to the circulation; to the respiratory system; to the urinary system; to the nervous system, and those referable to the special senses. Each one of these subdivisions is taken up in a plain and concise manner, emphasizing the important points of each in such a way as to thoroughly fix them in the minds of the nurses. In chapter two, the diagnosis of fevers is pointed out, showing the use of the thermometer and the proper methods of taking and recording the temperature. The pulse and respiration are next each considered in detail. Here the doctor shows his keen appreciation of those points which make good nursing valuable. If a nurse learned thoroughly the lessons taught in this one chapter, she would be far more successful as an adjunct to the physician and a help to the patient than from the study of many more pretentious volumes. Chapter three deals with the treatment, taking each group of symptoms separately. This chapter, as well as the preceding one, has been published in the issues of *THE TRAINED NURSE AND HOSPI-*

*TAL REVIEW* for January, February and March of this year.

Chapter four is devoted to the nurse; the sick-room and its furniture; the patient; quarantine; disinfection. Among the good suggestions offered here we note the following: "It will seldom be found necessary to darken the apartment except in cases involving brain or eye complications. . . . The fireplace offers a fair outlet to vitiated air, but its chief fault is that its opening is near the floor, while impure air seeks the upper levels of the room atmosphere. An occasional fire built upon the hearth will increase the usefulness of this means of ventilation. . . . All creaking doors and blinds should be oiled. . . . Dry sweeping and dusting are to be absolutely forbidden. . . . The nurse should perform her duties quietly and regularly, and, in particular, all duties directly affecting the patient should be transacted, if possible, at the same time every day; making the bed and the patient's toilet, and especially administering his food, should be done according to schedule. . . . Since it is of the most paramount importance in the prevention of the spread of infectious fevers that all contaminated material should be properly treated and proper disinfection carried out when the case is finished, and since upon the nurse the duty of seeing that this is accomplished frequently devolves, it is necessary that she be thoroughly conversant with the means and methods to these ends. In considering this subject, it is well that a clear knowledge of the term 'disinfectant' be insisted upon; since so many substances are sold under this name that are far from being what they purport to be, it is necessary that the term should be strictly definite and that only such substances be used in this important connection as are of known composition and efficacy. All authorities are agreed that a true disinfectant is a substance which *destroys* all infectious organisms with which it comes in direct contact, while an antiseptic is one which merely checks the growth and multiplication of such germs, not, of necessity, destroying them; and that a deodorant is a substance which merely neutralizes offensive odors, acting as a germicide or not, as the case may be." A complete and full index concludes this practical little volume. For sale by the Lakeside Publishing Co. Price \$1.00, postpaid.

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This is an illustrated, cloth bound book of 72 pages, printed in two colors on fine coated paper and well worth sending for. This book contains many valuable hints in regard to the nursery and the care of infants. It also tells about Mellin's Food and how to use it.

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Every trained nurse who aims to be proficient in her profession should have this book to read over once at least. Many nurses keep it as a book of constant reference. We will send the book free of all charge if you will send us your name and address, and mention this publication.

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# The Hospital Review

**The Chesapeake** and Ohio Railroad Hospital is situated at Clifton Forge, Virginia, right in the heart of the Alleghany Mountains. This hospital is mostly for railroad employees. Each employee of the road is assessed monthly, according to their salaries. This assessment goes to the hospital fund. The hospital is well equipped and has a corps of doctors, nurses and orderlies. Only graduate nurses are employed. This hospital accommodates from fifty to sixty patients.

~

**The Cottage** Hospital, at Maquoketa, Iowa, which was built and equipped by Miss Edith Langridge, a graduate of the Chicago Baptist Hospital Training School, has proved a success. After eighteen months of hard labor, it has established quite a reputation in the county and is quite full all the time. Miss Langridge is now contemplating incorporating and starting a small training school to train girls in the care of the sick and injured as assistants to the trained nurse, or for families who cannot afford a graduate nurse.

~

**The Tri-State** Medical Society of Iowa, Illinois and Missouri, will meet in St. Louis, June 15, 16 and 17. An interesting program is being prepared, and some of the most distinguished physicians and surgeons of the county will attend the meeting. The president is Dr. W. B. La Force, Ottumwa, Iowa, and Dr. Louis E. Schmidt, of Chicago, is secretary. Dr. James Moores Ball, St. Louis, is chairman of the Committee of Arrangements.

~

**The building** committee of the Cook County (Ill.) board, through its chairman, Commissioner E. K. Walker, has rendered account of its stewardship of the \$500,000 realized from the bond issue voted two years ago last November. A report showing in detail how the money has been and is being expended was presented to the board. The following buildings are almost completed and the last will be occupied by June 1:

Tuberculosis home, Dunning; built on most modern lines, so as to secure for the patients the maximum of sunshine, fresh air and good ventilation; cost, \$35,000; will be occupied within ten days

Cottages, facing on court, Dunning; cost, \$80,000; will be ready for occupants May 10.

Hospital for contagious diseases, Lincoln Street side of County Hospital Square; cost, \$115,000; will be ready for patients June 1.

The following buildings will be completed before the present board goes out of office, December 1 next:

Pavilion for insane at Dunning; bids advertised for May 2; estimated cost, \$50,000.

Children's hospital, modern hospital for the little ones now distributed through the crowded wards at the Cook County Hospital; Wood Street side of County Hospital Square; bids opened; cost, \$80,000.

Farm cottages, Dunning; for working charges; contracts let; will be completed about August 1; cost, \$26,000.

The general plans for these buildings were laid out in the last months of the administration of President Hanberg of the County Board and the \$500,000 issue of bonds was approved by the voters at the general election in the fall of 1901.

~

**Celebrating** the occupancy of the new dispensary of the Chicago Lying-In Hospital, at Maxwell and Newberry Streets, the nurses and internes at a reception, May 3, presented a gold loving cup to Dr. Joseph B. De Lee, founder of the hospital.

The reception committee was headed by Mrs. Emma E. Koch, matron, and included members of the working force of the institution. The guests were largely of the medical fraternity.

The building dedicated is of brick, three stories in height, and is said to be unexcelled in its equipment. It is designed to take the place of a dispensary in an adjacent building, maintained by the hospital association since its incorporation in 1897.

The association now has its headquarters at the lying-in hospital, 294 Ashland Boulevard, with branch stations at 192 West Division Street and Thirty-sixth and Dearborn Streets. Besides serving as head medical director of the institution, Dr. De Lee is a staff professor in Northwestern Medical College. Associated with him in the medical control of the charity are Dr. Frank B. Earle and Dr. J. Clarence Webster.

~

**The Delaware** and Hudson Company has contributed \$2,500 to the fund for the erection of a hospital at Plattsburg. This is to be used to



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by Carbonated Saline Baths is given with the Triton Effervescent Bath Salts. Results identical with those obtainable at Nauheim are produced. This method of treatment is indispensable in many forms of **Cardiac Disease**, and is of the greatest value in **Rheumatism**, **Neurasthenia**, and wherever a disordered circulation plays a part.

Among many to whom we have permission to refer are: Dr. Simon Baruch and Dr. Wm. H. Thomson of New York; Dr. R. H. Babcock and Dr. Clarke Gapen of Chicago; Dr. Alfred Abrams of San Francisco.

We shall be glad to send our manual on request.

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WHEN a man builds a house he takes care to first prepare a firm foundation.

When a physician begins the treatment of an anæmic or chlorotic patient, he must first consider the "building of the blood," the fountain and foundation of healthy life.

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Supplies the necessary oxygen and haemoglobin-carrying elements and thus successfully builds from the foundation upwards in cases of

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endow a bed to be known as the Delaware and Hudson bed. The institution will be known as the Plattsburg City Hospital.

~

The report of the American Christian Hospital at Cesarea, Turkey, during the year just closed shows what splendid work our missionaries have accomplished.

Dr. Wilford M. Post, a graduate of Princeton University and of the College of Physicians and Surgeons of New York, is under appointment to go to Cesarea. Dr. Post is exceptionally well equipped for his work in every way; he has completed a two years' course in the Presbyterian Hospital, N. Y., and having been born and brought up in Beirut, he is very familiar with life in Turkey.

An additional nurse is also greatly needed at Cesarea, and it is hoped that one may be secured and sent out soon.

About \$1,250 will be required to meet the necessary traveling and outfit expenses of these new workers, and assistance will be greatly appreciated in raising this amount.

~

A new hospital was opened in Oklahoma City, O. T., April 30. It will be known as the Protestant Hospital. It is now in active operation, under the management of Miss L. Messenger and Miss Turner. The building is new and is well equipped for hospital work. There is accommodation for twenty patients.

~

St. Luke's Hospital Association, of St. Louis, Mo., moved into its beautiful new hospital April 20. It is located on Delmar Boulevard, the best part of the west end.

~

The Detroit College of Medicine held its thirty-sixth annual commencement Thursday evening, May 5, at the Light Guard Armory. Vice-President of the Board of Trustees Ernest L. Shurly, M.D., conferred the degrees. James McCarroll, M.D., class of 1904, delivered the valedictory. Addresses were delivered by Preston M. Hickey, M.D., and Henry Wilson Heasley, M.D. There was also a very delightful musical program.

~

The Cleveland City Hospital was erected in 1889 by the city of Cleveland, at the corner of Scranton Avenue and Valentine Street, to provide a place to care for, primarily, indigent poor, who were sick and unable to be cared for elsewhere; also to provide a place for people in poor circum-

stances, who were unable to pay the fees demanded in other hospitals. Prior to the erection of the City Hospital, this class of patients were cared for in hospital wards of the Infirmary building, but the growth of the city, and the demand made on the room in the Infirmary to care for the old and infirm, became such that a separate building, distinct from the Infirmary, with modern appointments and up-to-date in every manner, was erected.

In 1899 the necessity for more room became apparent, especially suitable wards for caring for children, and a large addition was built to the City Hospital, capable of accommodating over one hundred children, which part was opened for the reception of patients early in 1901. At the same time a modern operating room, with all necessary and up-to-date appliances, instruments, sterilizers, and an ample amphitheatre to accommodate the various classes of medical colleges at clinics, was provided.

As the City Hospital was practically the only one which accepted and treated tuberculosis patients, and as the number of this class of patients was constantly increasing, the necessity of again branching out became not only apparent but very urgent, resulting in the building and the opening of a Tuberculosis Sanitarium on October 1, 1903, where all of this class of patients are treated now exclusively. This sanitarium is over 500 feet distant from the main hospital buildings, and is equipped and furnished in as thorough and up-to-date a manner as possible. In addition to the above, an annex for the treatment of contagious diseases is also provided where all diseases of this nature, excepting smallpox, are treated.

Consequently, it will be seen that the Cleveland City Hospital is as well, if not better, prepared to care for all classes of patients as many similar institutions in the country. Three hundred beds are ready for the reception of patients at all times, and during the present year (1903) there have rarely been less than two hundred patients in the hospital any one day, the number frequently growing as high as two hundred and sixty-five.

The general supervision of the hospital is vested in the Board of Public Service, the executive management in a superintendent, assisted by a matron and principal of the training school. The medical supervision is vested in the Cleveland City Hospital staff, who have direct charge of the treatment of patients, and a house staff, composed of eight physicians, who are selected by and are under the personal charge of the visit-

# ANTIPHLOGISTINE



SHOWING THE METHOD OF APPLYING ANTIPHLOGISTINE TO THE THORACIC WALLS—FRONT, BACK AND SIDES—FOR DOUBLE PNEUMONIA.

## FOR PNEUMONIA

The Nurse should note carefully the following directions:

Always heat Antiphlogistine in the original container by placing in hot water. Needless exposure to the air or water impairs its usefulness.

Prepare the patient in a warm room. Lay him on his side and spread Antiphlogistine thick and hot as can be borne over one half the thoracic walls. Cover immediately with a cotton-lined cheesecloth jacket, previously made and warmed. Roll patient over on dressed side and complete the application. Stitch front of jacket to obtain the desired pressure (splinting).

Dressings should be made as rapidly as possible.

Antiphlogistine stimulates the cutaneous reflexes, causing a dilation of the superficial and coincidentally contraction of the deep blood-vessels. Through this action and affinity for moisture, it flushes the superficial capillaries — bleeds but saves the blood.



SHOWING ANTIPHLOGISTINE AND COTTON JACKET COMPLETE AS INDICATED IN DOUBLE PNEUMONIA.



IN FROM TWELVE TO THIRTY-SIX HOURS IT WILL FEEL OFF NICELY LEAVING THE SKIN COMPARATIVELY CLEAN.

The circulation is thus favorably affected, congestion and pain relieved, the pulse improves, temperature declines, the muscular and vascular systems relax and rest and sleep usually follow.

Never fail to secure full and original packages—Small, Medium, Large or Hospital Size.

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ing physicians, the consulting physicians and surgeons and other specialists, all of whom compose the staff. The Training School for Nurses is in direct charge of the principal and committee on training school of the staff.

•

The last year has been one of the most prosperous in the history of the Cleveland Homeopathic Hospital, many patients have been turned away, and the house was so full that extra cots have been placed in some of the wards. Physicians of other schools have sent their patients and many appreciative letters have been received. The children's ward has been entirely refitted at a cost of over \$250, and the room is most attractive.

Among other improvements made this year are a large refrigerator and a sterilizing outfit for surgery, also the store room and diet kitchen enlarged. Several rooms have been refitted for laboratory, anesthetics, etc., and others for patients in the Annex, as well as a library and lecture room for the nurses. Scales for weighing coal and ice have also been purchased, and electric lights put in the surgery, diet kitchen, etc., and five electric fans.

The Training School for Nurses is under the able care of the principal, Mrs. H. W. Randall.

•

Nearly a million and a half dollars is now being spent, or is about to be spent, in some nine different States for new buildings for the insane. This is exclusive of New York State, where between \$600,000 and \$900,000 is annually expended for this purpose. It would seem pertinent to inquire whether there might not be an increase in efficiency and decrease in cost if the experience of different States were in some way made available to one another. We have practically the same classes of patients to be provided for in all cases, and there is little reason

why buildings which have been found suitable in Massachusetts should not be suitable in Oregon.

The building operations now under way, or already planned, include entirely new institutions at Norwich, Conn.; Allentown, Pa.; and Parsons, Kan., and additions to existing buildings at Morristown and Harrisburg, Pa.; Spring Grove and Sykesburg, Md.; Dunning and Watertown, Ill.; Lyons View, Tenn.; Hopkinsville, Ky.; San Jose, Cal.; Eloise, Mich.; Las Vegas, New Mexico; Norfolk, Neb., and Pineville, La.

The buildings include administration buildings, nurses' homes, cottages for convalescents and buildings for almost all other classes of patients. These buildings are probably designed in most cases by architects who have little familiarity with the requirements of the insane or with expert opinion on the subject of their accommodation. It is not customary for architects to specialize on institution construction, and the appointment of an official State architect has probably never been considered in most cases. Problems which have been solved only after many failures in some of the older States are, perhaps, worked out afresh without adequate data.

In 1891 William P. Letchworth, a member of the New York State Board of Charities, wrote a valuable paper on "Poorhouse Construction," which was transmitted by the State Board of Charities to the Legislature and was afterward reprinted and circulated for the information of the public. How helpful it would be if some expert in hospital construction would prepare a treatise on the construction of institutions for the insane, illustrated with plans and elevations and equipped with references to localities where successful exponents of sound theories of construction could be seen and studied.—From *Charities*.



# The "Allenburys" Foods

**T**HE secret of the great success attending the use of the "Allenburys" Infants' Foods lies in the easy adaptability of the "series" to the developing digestive tract.

"No. 1" of the series, which is intended for use during the first three months of life, approximates very closely in chemical composition to the milk of a healthy mother and has been found as easy of assimilation.

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In order to meet the still further requirements of the child after this period the "No. 3" Food is provided.

The series is so arranged that each Food affords the maximum amount of nourishment which the organs of the child, at the period for which it is intended, can with perfect ease digest, and we are constantly receiving evidence of the great value of our system of infant feeding through letters, not only from parents but from prominent members of the medical profession also, telling us of the gratifying results attending their use even in cases apparently hopeless and after many other artificial foods and modified milk had been tried.

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# New Remedies and Appliances

## Cow's Milk and Mother's Milk Compared

Mother's milk contains four components combined in proportions suitable to the digestive powers of the infant.

First, the curd or casein (technically known as proteid), whose function is to supply material for growth and for renewal of the waste of the nitrogenous tissues of the body.

Second, the cream or fat, essential to the formation of nerve and muscle tissues.

Third, the sugar (technically speaking, carbohydrate), whose principal office is to supply heat and energy to the growing child.

Fourth, the salts, which supply constituents necessary to all the tissues and fluids of the body.

Now, cow's milk contains these four things too, but they are not combined in the same proportions as in mother's milk. In the first place, there is about twice as much curd in cow's milk as in mother's milk, and—an equally important difference—the curd of cow's milk, when it enters the infant's stomach, is formed into a tough, coherent mass, too hard to be softened and broken up by the digestive juices. Often constipation is the result. The curd of mother's milk, on the contrary, is so soft and flocculent that it is easily acted on by the digestive juices, and is by them made readily assimilable by the infant organism. In the second place, there is only half as much sugar or carbohydrate in cow's milk as the infant needs. In the third place, the salts of cow's milk are not of the right kind, and, in the fourth place, cow's milk is acid in reaction while mother's milk is alkaline.

It is evident, then, that there are five things which must be done to cow's milk to make it digestible by the infant—the proportion of curd must be lessened, the hard curd must be softened, the sugar must be increased, the character of the salts must be changed and the reaction must be made alkaline.

The first of these five changes can be made by adding water for the more water added the smaller will be the proportion of curd or casein. Mellin's Food will make the other four changes. Let us see how. Mellin's Food is composed

almost entirely of sugar (not cane sugar, but maltose or malt sugar, and dextrine. Cane sugar is fermentable and should never be given to a young child. Maltose and dextrine are not fermentable), therefore Mellin's Food will increase the amount of sugar or carbohydrate. Mellin's Food, when mixed with milk and allowed to stand a little while, will soften the hard curd and make it light and flaky as that of mother's milk. Finally, the salt which predominates in Mellin's Food and which helps to make Mellin's Food alkaline in reaction is potassium. Potassium is the predominating salt in mother's milk, too, but not in cow's milk. Potassium is the salt most needed and used by the blood and tissues of the body. Therefore if Mellin's Food is added to the milk, not only will the reaction of the mixture be alkaline, but the character of the salts will be so changed as to resemble those in mother's milk and to be in the form required by the infant.—*The Care and Feeding of Infants.*

•

## Nervous Periodical Headaches

When relief is sought from this class of headaches, commonly known as "Sick Headaches," Dr. A. F. Schellschmidt, of Louisville, Ky., says in *The Medical Progress* that the treatment demanded is more for the relief of pain than for anything else. The opiates will relieve it, but do more harm than good, as they leave the system in a worse condition to resist subsequent attacks. He finds antikamnia tablets, in two tablet doses every two to three hours, give prompt relief, and without unpleasant after effects. If the antikamnia is combined with codeine it acts still better. Antikamnia and Codeine Tablets are, therefore, the best form for administering this combination and two tablets every three hours is the usual dose for adults. One dose usually suffices.

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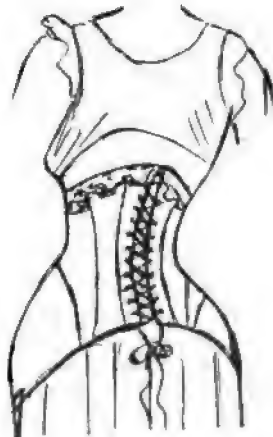


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short sack scarcely reaching the hips. After she takes her bed, place under her hips a pad of absorbent cotton, covered with cheesecloth, about thirty inches square and one inch thick. Place a similar pad, folded, under the small of the back and resting upon the upper margin of the first pad.

The pad under the hips will absorb all the fluids incident to labor, while the one under the back will prevent fluid creeping up to the patient's shoulders. After labor, withdraw the pads. With them will come all the fluids, and the patient, with no annoyance or trouble, finds herself in a clean and dry bed. Now place a pad eighteen inches square under the hips and one two inches in diameter and seven or eight inches long against the vulva, to absorb subsequent discharges. Burn the soiled pads; they are cheap. Pads or accouchement sheets can be purchased of the HYGIENIC WOOD WOOL CO., ready made, as can the vulvar pads.

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#### The Treatment of Serous Effusions

The author describes what is evidently a new method of treating serous effusions. The idea occurred to him to inject one fluid drachm of Adrenalin Chloride Solution into the pleural sac in a case of abdominal cancer extending to the pleura, after the aspiration of a large quantity of bloody serum, the object of the injection being to lessen the secretion. There was no further secretion, consequently no further tapping, and

the patient spent the remainder of her life in perfect comfort so far as her chest was concerned.

This treatment was extended to cases of ascites due to hepatic cirrhosis, in which marked results were not expected. However, the rapidity of secretion was diminished and no ill effects were noted, the quantity of Adrenalin Solution used varying from two to three fluid drachms.—Abstract of a Clinical lecture delivered at the Liverpool Royal Infirmary, by James Barr, M.D., F.R.C.P. (*The British Medical Journal*, March 19, 1904.)

✧

#### Gude's Pepto-Mangan the Standard

Iron preparations spring up like mushrooms in a night. The one backed by clinical evidence in hospital practise is the old stand-by, Gude's Pepto-Mangan, which is the standard of known worth and which gives positive results.—From *Medical News*, New York.

✧

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nation revealed a gaping os, a cervix exceedingly tender and abraded, and a large uterus. Before resorting to curettement it seemed advisable to try other measures. Ergoapiol (Smith), one capsule every three hours, was prescribed. In about twenty-four hours there was a decided increase in the discharge, which consisted of clots and considerable debris. There were some pains of a cramp-like nature. The discharge began to grow less in about four days and ceased entirely in one week. There was a marked improvement in general condition. Local treatment entirely removed the tenderness and abraded condition of cervix. Ergoapiol (Smith) was administered several days before next menstrual period and resulted in a very satisfactory period. In this case it appears to me the remedy saved the patient the ordeal of curettement.

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ing of the eliminative organs, such as colds, bronchial catarrh, la grippe pneumonia and autotoxia, one of the first indications is to bring the eliminative organs up to the normal and put them in condition to perform their natural duty. To cut short these attacks and restore the tissues to normal powers of resistance the Dad Chemical Co., of New York, commend Respiton. It contains *asclepias tuberosa* and *berberis*. A teaspoonful in a glass of hot water every two hours will effect a complete cure in a few days.—*Interstate Medical Journal*, April, 1904.

#### Glyco-Thymoline as a Mouth Wash in Fever Cases

When the temperature keeps a point or two above normal for a few hours, the membrane of the oral cavity becomes dry and parched, causing great discomfort to the patient. Supplemented with this frequently comes the formation of sordes on the teeth and more or less inflammation along the marginal surface of the gums. The flow of saliva is checked and the sense of taste greatly interfered with. In cases of this kind the nurse wins the gratitude of the patient for all time by urging the frequent use of an alkaline mouth wash of the nature of Glyco-Thymoline. This solution is admirably adapted both by physiological action and therapeutic effect to meet the requirements. The normal flow of saliva is re-established, the further formation of sordes is prevented and the mouth is kept sweet and clean. No one can estimate the amount of comfort derived by the patient under this simple act of nursing. The satisfaction to the nurse must be in equal proportion, such measures, of course, being under the direction of the physician in charge.

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#### Usefulness of Massage Is Increasing

Twenty-five years ago, massage was only known as a means of loosening adhesions in joints, "when there was no more danger of inflammation," and in America in connection with Weir Mitchell's rest cure. Gradually, however, the ideas of Dr. Mezger, of Amsterdam, were brought over here, and gained more and more ground. Mezger recommended the early, or rather immediate, employment of massage in slighter forms of trauma, such as contusions and sprains. The innovation was looked upon by the medical world as rather wild; now physicians acknowledge its usefulness.

When Dr. Championnière, of Paris, first brought forward the idea of using massage also in greater traumas, viz., reduced dislocations and fractures, his idea created quite as great, if not greater, consternation in the medical world.

To-day, massage is also used in other fields, as, for instance, diseases of the abdominal viscera, neuralgias, paralyzations, etc. While its usefulness is increasing, the indications and contra-indications are becoming more definite, so that we now find authors reporting cases treated by massage where the older text books have considered manual treatment as contra-indicated.

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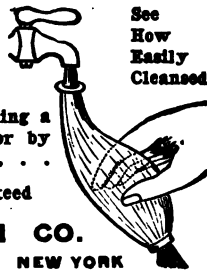
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For a number of months we have been so crowded with advertising that we have not been able to run the usual number of advertisements of the different books on nursing which we sell. But simply because these advertisements have not appeared, do not forget that we handle all nursing and medical books.

During ~~the last~~ six months many excellent works have appeared which the up-to-date nurse should have in her library in order to keep posted on the very latest developments of her profession. Of those books which have been reviewed in **THE TRAINED NURSE** during this period, the following are especially important. Some of them are new works, while others are new editions, revised and enlarged, of old standard books:

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Infant Feeding in Its Relation to Health and Disease (third edition). By Louis Fischer. Price, 2.00  
This was incorrectly given as \$1.50 when reviewed in the April number.

Food and Cookery for the Sick and Convalescent. By Fanny Merritt Farmer. Price, 1.50

Handbook of Parliamentary Usage. By Frank William Howe. Price, .50

The Gazette Pocket Speller and Definer, English and Medical. Price, .50

Any of these will be sent postpaid upon receipt of price.

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And, by the way, don't forget to look through the advertising pages of this number of **THE TRAINED NURSE**. You will find some new things advertised, some of which you are sure to want. We carry advertisements of reliable firms only, and to patronize these, helps them, of course. Then they help us by continuing to advertise with us. The more advertising we carry, the more good reading matter we can afford to secure for you. Why not try their goods?

# The Trained Nurse and Hospital Review

Vol. XXXIII

NEW YORK, JULY, 1904

No. 1

## The Trained Nurse in Philanthropy\*

Edward T. Devine, Ph. D.

Editor of "Charities;" General Secretary Charity Organization Society

THE professional nurse has now been, for a number of years, on the field of action. She has been subjected, certainly, to the microscope of observation—possibly, it may be thought also, to the scalpel of criticism. We know, at least to some extent, her characteristics, her virtues, her shortcomings, her limitations and her achievements. We have seen her upon the field of battle, or at least in the hospital camp, which is upon war's grim borders. We have watched her stately progress through the hospital wards of peaceful cities. We have seen her go in and out upon errands of mercy among the homes of the poor. We have known her ministrations at the bedside of patients in the homes of the well-to-do. We have witnessed the rise of training school, of alumni association, local, State and National, of a university professorship—although it is threatened that a physician instead of a nurse shall fill it—of sick benefit fund, of settlement, and of periodical and of text-book. Be it far from me to suggest that her triumphal march onward is ended, and hereafter she is to walk only in the paths that the pioneers have already trod. Still I may, perhaps, without offense, suggest that enough progress has been made; a sufficiently large number of facts have been observed, and a sufficient number of individuals have engaged in the

profession to justify some little generalization. The number of nurses who have been trained, the number who have enlisted for the care of the sick, the number who have spent the working period of their lives at their appointed task, aye, and the number who have fallen, having spent their lives as truly—from exposure, from physical strain, from the heroic attempt to perform the impossible, as as if their end had come on the field of battle—the number of nurses, I say, who have done these things is sufficiently great to permit an objective discussion of the nurse in any of her varied aspects without subjecting the one who would thus boldly generalize to the charge of being personal or unduly rash.

Before I come to these generalizations which have been specially assigned to me in connection with the charitable work of the nurse, may I lay down a few other preliminary generalizations which apply equally well to the nurse who is not directly undertaking what are usually regarded as charitable tasks. The nurse, then, in general, whether she works in private families, in a hospital, in district visiting, or under some one of those exceptional circumstances sometimes offered by war or disaster, is indubitably engaged in a *profession*, where work has its professional standards, its literature, its training schools, its ideals. It is not merely an appendage of

\* An address to nurses contributed to THE TRAINED NURSE by the author.

the medical profession, although its relations with the practise of medicine are intimate. In a paper at the National Conference of Charities and Correction, fourteen years ago, there appears a quotation from a physician who had said: "The hands of a nurse are the physician's hands *lengthened out* to minister to the sick. Her presence at the bedside is a trained vigilance, supplementing and perfecting his watchful care; her knowledge of the patient's condition an essential element in the diagnosis of disease; her management of the patient, the practical side of medical science. If she fails to appreciate her duties, the physician fails in the same degree to bring aid to his patient." I submit that, even though this may have been fairly correct at the time it was written, it is no longer an accurate picture of the relations between the physician and the nurse. As a disinterested observer of the care given by physician and nurse respectively, especially in the homes of the poor, I seem to see the figure of the nurse looming somewhat larger in the foreground than the physician's words indicate. Her hands are not an extension of the physician's hands, but rather an independent pair of her own, doing certain things that the physician, unless he have the gifts and training of a nurse in addition, could not do at all or, at any rate, could not do so well as the nurse does them, practising an art which supplements that of the physician and which often involves a very considerable degree of self-reliance and self-confidence. There has been some controversy as to whether the nurse is primarily the doctor's nurse or the patient's nurse; whether, for example, the patient has any right to call a district nurse when there is no physician in charge; whether the nurse is under obligation to hold her tongue when, as in an obstetrical case reported in the last number of *THE TRAINED NURSE AND HOSPITAL REVIEW*, she knows that the patient is in critical danger from septicemia, while the physician in charge is treating her

for peritonitis; and, whether the physician who, after this patient's death, said to his class, "Now, there is a nurse whom I admire for keeping her tongue still," is himself an object of unbounded admiration. This controversy, which has been decided, at least prophetically, in favor of the patient's primary claim, is precisely one of those extraordinarily interesting questions arising out of the transitional stage through which the profession is passing. So long as the physician has a recognized place, and the nurse has not, the nurse is a mere assistant without independent responsibility or authority or initiative. She feels about her work as the hod-carrier felt who urged his neighbor in the old country to come over where he could get a job at \$3.00 a day for doing nothing whatever but carrying up the bricks, while there was a man on the top of the wall who did all the work. She is simply, in other words, to fetch and carry for an august and superior person who does all the work. It is the glory of the medical profession that when there is a conflict between the selfish interests and especially the financial interests of the physicians, and the good of the community, the latter always prevails, and the encouragement which has been given by the medical profession to the development of the position of the nurse to one—not, indeed, of independence and conflicting authority, but to one of distinct and important responsibilities within her own recognized sphere—is the best example that I can cite of this enlightened and progressive attitude on the part of the medical fraternity. Equally far astray, it appears to me, is that description which I find in another paper at the same session of the National Conference, in which the good housewife is confidently set forth as the prototype of the good nurse. "It would seem," says the writer, "that nursing is essentially woman's work, since it calls for the exercise of that special combination of qualities supposed to constitute womanliness. All the qualities



essential to make a good head of a household are essential for a good nurse." I yield to no one in my admiration for womanliness, or in my estimate of the qualities essential to a good housewife—nevertheless, I think I do not put the case too strongly when I say that in the sickroom that which we ordinarily mean by womanliness, and still more that which we mean by housewifeliness, retires into the background in the precise degree in which the skilled professional nurse takes command of the situation. No doubt it is an admirable thing for a nurse to have those qualities which, if there were occasion, could be utilized in directing the complex affairs of a household; but there is no more reason, in the nature of the case, why the two arts which are, in themselves, worthy of all respect, should be combined in one person, than there is for insisting that the medical practitioner, in order to succeed in his profession, shall necessarily be a man who could bring up successfully a family of unruly boys. To say, however, that nursing is a profession, is not merely to say that those who enter it assume distinct and recognized responsibilities—it is also to say that they accept the limitations of the profession. The nurse, inasmuch as she is practising a profession, lays aside the special privileges and prerogatives which might be claimed on the score of sex, or on the score of beauty, or on the score of age—whether maximum or minimum—or on the score of ignorance, and stands forth demanding to be judged solely by her qualifications to practise her profession, solely by the results which she can show in the sickroom, solely by the success with which she attains to the ideals of her profession and the work to which she has been called. The nurse, then, has no use for an attractive appearance, except in so far as the patient is benefitted by one other attractive feature in his surroundings. She can make no claim to exemption for being condemned for any indiscretion or error of judgment. To her, as to the priest

or the lawyer or the doctor, confidence is inviolate. Weaknesses must be discovered only in the line of duty, and forgotten with the passing of the professional engagement. Hardships must be endured with no resentment, and with no complaint, and such as the nurse must be in these respects the experience of many lands and of many years show that she is. Not in every instance in actual achievement does the nurse realize this professional ideal, but in aspiration and in countless instances in very close approximation to the ideal.

I make this statement of what I conceive to be the ideal of the nursing profession in general, because those nurses who are to do distinctly charitable work must necessarily obtain their ideals in the first instance from the profession to which they belong—however much it may be modified by those with whom, as charitable workers, they come into contact. With a noble ideal as a basis, one which makes large demands upon its adherents, it will be easy to add the particular requirements which are encountered in the charitable field—and if the profession of nursing, when no question of charity enters, does make these imperative demands, how much more clearly must the same considerations prevail when those for whom the nurse cares in their infirmities are the poor; those for whose sake the great law *noblesse oblige* may well have been formulated; those who make no direct return except in gratitude; those who, being sick, are also in need and are dependent, not only as the financially prosperous but physically disabled man is dependent upon his doctor and his nurse; but who, in addition, are dependent for the very visits of the nurse and the physician—upon their philanthropy or upon the philanthropy of those who, in co-operation with the nurse and the physician, make their visits and their ministrations possible. The distinctly charitable work of the nurse lies mainly in the hospital ward, or in the rounds of the district

visitor. There are stray instances of extraordinarily fine opportunities of charitable work outside these two fields. It is occasionally possible for the nurse to take up the continuous care of a patient who is chronically ill, and to remain in residence at the patient's bedside as if engaged for that case alone. There are other instances of an exceptional kind which would not strictly fall within either the hospital ward work or district visiting, but, being rare, they may, for our purposes, be disregarded, although I may not omit a passing reference to the opportunities for individual useful effort on behalf of others that come to the one who is engaged in the regular work of a private nurse. The one who has the gracious impulse to be of service and who, by experience in the sick-room, learns how to be of inestimable service, will find on every hand, when off duty or as an incident to the performance of duty, opportunities for a friendly lift here and there, and from these little side lines of service which one follows there comes a satisfaction somewhat different in kind, though I will not say greater in amount, than can be realized from the most successful performance in the line of regular duty.

Of hospital service in the training school there is little for me to say. It is charitable from the point of view of the free patient who is paying nothing, or less than the cost of service. It is charitable from the point of view of the donor to the hospital, or of the community which supports it by taxes, but perhaps ought not to be regarded as charitable from the point of view of the pupil nurse. It is to her a training from which she receives a benefit of greater value than the service which she renders—oneous and underpaid though it may be. The training school renders a service to the community, like the hospital of which it is a part, out of all proportion to the financial investment which the community makes. There are some who think of hospital and training school as a benefit

primarily to the poor, but in the training of physician and nurse, in the opportunity to study disease, in the development of the skilled hand and the seeing brain, they render a service of far greater importance to every one of those who, whether rich or poor, require the services of physician or nurse.

The permanent positions in the nursing staff of the hospital, those which are filled by graduate nurses, fall distinctly within the field of applied philanthropy—whether the compensation paid for such services be liberal or meagre. Members of religious orders and sisterhoods who are engaged in nursing; deaconesses; nurses employed by churches, settlements and charitable societies; nurses who are attached to the out-patient departments of dispensaries and clinics, and especially those who are engaged as visiting nurses—either under the auspices of an association formed for that purpose, or by individual philanthropists who send out individual nurses with only the commission to do *what* their hands find to do—constitute altogether a formidable array martialled to war against disease, an excessive death rate, and unsanitary conditions. Miss Harriet Fulmer discovered that there were formal organizations for visiting nurses in fifty-three cities in the United States, employing in all an aggregate of one hundred and thirty nurses. This takes no account of the nurses engaged by individuals; or of those who are at work individually on their own account; or of those who are at work as members of religious orders or in churches, and is, therefore, probably less than one-third of the actual number.

Visiting nurses may be grouped roughly into four classes, which may be designated as: 1. The Nurse. 2. The Instructive Nurse. 3. The Incidental Nurse. 4. The Pseudo-Nurse. The nurse is one who takes definite professional responsibility for cases of acute or chronic illness and does, within the limits of the time at her disposal, just such work as private nurses engaged for family

work would do. She takes temperatures, gives baths, makes the patient's bed, administers medicines, applies bandages, makes an accurate clinical record, carries out the physician's directions and devotes herself, with no distractions, to the cure of the patient or the alleviation of his suffering.

The instructive nurse may do any or all of these things, and necessarily does some of them, but she is primarily nursing the family rather than the patient. It is her task, not so much to care directly for the patient—although this she will do to some extent—but rather to show other members of the family, or neighbor, or the patient himself, how to do it and how not to do it. Sanitation and cleanliness take a larger place in her horizon than medicines or arrangements for the personal comfort of the patient. The directions of the physician she carries out so far as she can, but her principal errand is rather to show others of the family how to carry out those directions, and teaching is ever uppermost in her mind rather than nursing, although to be an instructive nurse she must first, of course, be a nurse.

The incidental nurse is one for whom, as for the nurse proper and for the instructive nurse, I have entire respect. I am not here seeking to disparage her by the phrase which I have applied, but have sought merely to indicate that she is in a distinctly different position from that of either of the others. She is engaged in tasks of various kinds, for which the training and experience of a nurse are a valuable preparation. She may be the matron of an institution, or the visitor of a charitable society, or a missionary, or a settlement worker, but she retains in her new duties, whatever they may be, something of the attitude of the nurse. She draws upon the special knowledge of the profession for which she has prepared. She makes incidental use of her equipment as a trained nurse. There is no doubt that she has a very great advantage over those who have not had the same,

or some similar training. I take it that the profession of nursing is not yet overcrowded, and that the majority of those who have prepared for it have the qualities essential to nurses, are likely to remain in it at least for a number of years. For this reason, when those who, in the prime of their working age, apply for positions in other if allied lines of work, the presumption is that they are lacking in some one or another of the qualities essential to success as a nurse—but it by no means follows that they are lacking in the precise qualities essential to success in these other undertakings, and especially for many positions in the field of applied philanthropy. Other things being equal, there is already a distinct preference, and I anticipate that in the near future there will be an even greater and more general preference, for the candidate who, to the other necessary qualifications, adds the training and the experience of the trained nurse.

The pseudo-nurse I hesitate to criticize, and it may be that she is so small a factor in philanthropy as to be a negligible quantity; but there is at least a distinct danger of her development, and perhaps it is best to put it in that way rather than to insist too strongly upon her actual presence. By the pseudo-nurse I mean the one who, although appearing in the guise of a nurse, and securing entrance to the home because she is a nurse, nevertheless is, primarily, a missionary on an evangelical errand; or a settlement worker out for the purpose of drumming up recruits for social club or educational class; or the investigator of a charitable society seeking facts in regard to the alleged distress of the family; or, in short, anything else than what she appears to be. For the instructive nurse and for the incidental nurse we may have entire respect and regard, for both make it perfectly evident upon what particular errand they have come, but the pseudo-nurse—who is the nurse only in order to secure admission; only in order to gain confidence; only in order

to establish an influence with the family—stands upon a somewhat less reputable footing. She is not exactly reflecting credit upon her profession, but is rather degrading it to serve as a convenience in carrying out some other, though it may be in itself perfectly legitimate end. The distinction may be an unduly subtle one, and in practice may not be easily applied. It is not that there is anything dishonorable in combining various functions. It is a question, at bottom, of mental attitude. If the nurse has, first of all, a real desire and a real capacity to be of service in the care of the sick, and if in good faith she does the things, whether in the direction of actual nursing or in the direction of showing others how to nurse—then we have no right to call her a pseudo-nurse, even if she is also incidentally engaged in evangelical or even proselyting work. In the tendency, however, which was recently pointed out by a physician in New York, on the part of churches, missions, settlements, charitable societies to begin their social activity by engaging a nurse, whereas that is ordinarily one of the last things that they ought to do, there is a danger that nursing will cease to be, as it should be, a real and important contribution to the prevention of disease and the relief of the sick, and will become instead chiefly a means of increasing the number of converts, or the number of club members, or the clientele, whatever it may be, of the particular agency that has employed the nurse. Against this danger the general defense will be the professional attitude of the nurses themselves. If they will steadfastly refuse to subordinate their calling, and to insist upon its dignity, its independence, its genuine worth—then social and philanthropic agencies will cease to look upon it merely as a convenience in furthering their other objects, and will engage the services of a nurse only when there is legitimate work for the nurse to do.

The effect of such an attitude will not, I am firmly convinced, be to lessen the demand for

visiting nurses of any of the first three classes, but will rather be to increase it. We are a long way from the point of saturation in any of our large cities. There are not too many visiting nurses, but far too few. It is true that in New York city there is no recognized division of territory, and that the situation is very chaotic—but, assuming some definite understanding among the various agencies concerned, there is room for double or treble the number that can usefully be employed in visiting the poor. It occasionally happens at the present time, especially, I regret to say, among the consumptive poor, that a patient is visited by nurses from two or three different sources. I think that we shall certainly speedily reach an understanding so far as that particular field is concerned. It does occasionally happen that there is overlapping in the case of persons ill from other diseases, but I am confident that there is a much larger number who are not visited at all and who might, with great advantage, have the oversight at least of an instructive visiting nurse. What is required is obviously a central registration of cases; a division of geographical territory; the assignment of cases on some general plan mutually agreed upon; and medical direction of those cases, of which there is a considerable number, in which a nurse is called where there is no physician in charge.

You will recall that my subject is "The Trained Nurse in Philanthropy." Thus far we have been considering chiefly the nurse, but you cannot expect me to close the discussion without saying something about the other end of the subject, *i.e.*, philanthropy. The training and the experience of the nurse are an admirable foundation for philanthropic work, but there are certain things that need to be added to that foundation.

There is a certain bias, almost inevitable, arising from the habitual point of view of the nurse, which, to some extent, needs correcting. Even the instructive nurse, whose

sympathies and interests necessarily include the whole family, is, after all, thinking principally of the means by which the well members of the family may be brought to take better care of the patient, but the philanthropic worker must take into account the general welfare of the family as a whole—their economic and their spiritual welfare, as well as their physical welfare. There may indeed exist a situation in which to do that which the immediate physical interests of the patient seem to require, would be to sacrifice the real interests of the family as a whole, and even of the patient himself. The horizon of the nurse in philanthropy must, therefore, be widened. She must be able to look backward to the causes of the difficulties in which the family are involved. She must think, not only of the particular affliction of individual members of the family, but must ask of herself more comprehensive questions. That same rigid scientific attitude to which she is accustomed in the treatment of disease must be extended, to some extent, to the industrial and social relations of the family. It may be that by the side of the nurse there will be another visitor who will assume all responsibility for questions of relief and for straightening out the economic difficulties of the family so that the nurse may devote herself exclusively to the care of the sick, but the chances are that in the vast majority of instances the nurse must, to some extent, combine the two functions and must interest herself in the family affairs of her patient. To get the right point of view for the consideration of these other questions ought not to be difficult for the nurse, and it is, perhaps, easier for her than for most, and yet there are many who do not take the trouble and who, though they would scorn to doctor only superficial symptoms of a physical malady, naively proceed to act on the most superficial and misleading symptoms so far as charitable relief is concerned. To straighten out the disarranged economic affairs of a family that

has become dependent upon others, is at least as difficult a task as to apply an antiseptic dressing, or to reduce an abnormally high temperature, and yet the nurse would not expect her friend the charity visitor to do the former without some instruction, or to undertake the latter except on a physician's advice. Let the nurse, therefore, not light-mindedly undertake to decide what should be done to relieve the necessities of a family where children are to be committed to an institution; where wives are to make complaint against husbands for non-support; where fathers are to be prosecuted for neglect or cruelty; where families are in need, for whatever reason—without learning something of the conclusions which have been reached by those who have experience and who have training; and this applies not only to those who work in the homes of the poor, but also to those who work in institutions for children; in institutions for the aged; in institutions for defectives, and in other charitable institutions of various kinds in which the services of the nurse are required.

The nurse in philanthropy very nearly holds the key to the situation. Fifty per cent. of all our work in charitable institutions and in the homes of the poor, is due to illness, or to such infirmities as are likely, at one stage or another, to call for the services of a nurse. If, then, those who are engaged in this most gracious ministry—the care of the sick—add to their healing art some knowledge and some enthusiasm for the science of philanthropy, which, after all, no less than the science of medicine, underlies their art, they will surely exert what will be very nearly a preponderating influence in the relief of distress, and in that larger, more attractive undertaking, of which we are becoming dimly conscious—the working out of a better social order, in which there shall be less of sickness; less of suffering; less of premature decay and death—more of healthy living; of wholesome rational enjoyment of life.

# The Prevention of Tuberculosis

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Since tuberculosis has manifested itself to such a great degree as at the present period, numerous articles on the preventive measures of this disease have been promulgated, not only by scientists and advanced medical men of this and other countries, but by numerous members of the laity as well, and inasmuch as nurses must at some time or other come into contact with a disease so prevalent among the human family, it is highly important that they should possess a true conception of the preventive measures of this disease, not only as caretakers of those infected, but as teachers to the masses with whom they come into daily contact.

OF all the diseases which infect the human system, none has awakened more widespread interest than that of tuberculosis. Not only has this been the case among scientists and physicians, but among the general public as well, and indeed this should occasion no surprise, since no disease has ever secured such a strong hold upon the masses as has "The Great White Plague."

Every year the world yields up as its tribute to this scourge over one million souls, and in the United States alone the annual mortality over-reaches the 150,000 mark. Less than ten years ago, before the present more rational measures were pursued, the mortality from tuberculosis was greater than that of any other six diseases, while to-day, thanks to the progress made by scientists and physicians, the mortality has decreased 50 per cent., though still leaving the death rate from this disease greater than that of any three diseases combined, excepting that of pneumonia.

Much good has been accomplished in the efforts to eradicate this disease by the efforts of the medical profession, and the generosity of public-spirited citizens in erecting and helping to maintain sanatoria for the cure of tuberculosis. Many States have institutions of this character, where patients are treated

and maintained free of charge. In Germany, where preventive measures are pursued upon a more elaborate scale, there are many of these sanatoria which are supported entirely by the state or government, thus giving the poorer classes, who contribute most of the cases, a splendid opportunity of recovering their lost vitality. Much has already been done toward effecting a cure for tuberculosis, more so for those in the less advanced stages of the disease, but of what avail shall these efforts be, if we do not use stronger measures to eradicate the cause, as the number must naturally increase with time.

The masses, as a whole, can, if they will, accomplish much good and help in a great measure to stamp out this disease by living under hygienic conditions, accustoming themselves to plenty of fresh air and exercise, and, lastly, by the eating of proper foods. The observance of such rules undeniably proves of much good toward the prevention not only of tuberculosis, but of other diseases as well.

It is, of course, impossible in this limited article to give in detail those factors necessary toward the observance of these rules, more especially those of diet and exercise, inasmuch as each one requires individual attention, which a physician is best able to supply, but the more general principles, which every one can and should observe, are given.

*Mode of Infection.*—The most dangerous of all evils that the public has to face is that of "expectoration." In some municipalities of our country, laws have been established against "expectoration upon the sidewalks," but unfortunately it is enforced in few places. It should be the duty of every municipality to frame laws against expectoration in public places, especially on sidewalks and in street cars, and to enforce them with vigor, as ex-

pectoration in nearly all cases is but a habit, is disgusting in the extreme, and dangerous to the public welfare, therefore it should not be tolerated. The dangers of this can be readily recognized, when it is known that those affected with pulmonary tuberculosis are constantly expectorating millions of tubercle bacilli with the sputum, which, when it dries, eliminates the germs in their most virulent form, and these infect the air, only to be breathed in by susceptible beings, who, in turn, become infected. It is in this manner, according to Dr. Robert Koch, of Berlin, the discoverer of these bacilli, that most of the people become infected.

It is not unusual to notice women allowing their skirts to trail in the sputum deposited on sidewalks, and very often bacilli are deposited on the clothes in this manner and carried into rooms, where they soon proliferate, and very often with dangerous results. Especially is promiscuous expectoration in houses dangerous where its confines are limited and where necessary cuspidors are recommended. These should always contain some solution, preferably an antiseptic one. A solution of bichloride of mercury of the strength of 1-2000 is efficient and is easily obtainable in the form of tablets, which can be dissolved in the water, although a solution containing 10 per cent. of permanganate of potassium with equal parts of sulphuric acid is the most efficient of all and the one most generally in use in bacteriological laboratories and in sanitarium.

These solutions possess strong germicidal properties and prevent the elimination of the bacteria from the vessel in which they are contained. The contents of vessels in which sputum is deposited should never be emptied upon the soil, and if inconvenient to burn same, should be thrown into a sewer pipe and allowed to be carried away, since bacilli lose much of their power of virulence in moisture.

To those already infected, it is strongly urged upon them that they always carry a re-

ceptacle with them, in which to deposit their sputum. This is not only for the safeguarding of others, but for themselves as well, as it is no longer a doubt that people are susceptible to a re-infection of this disease. This receptacle may be in the form of a bottle with a screw top, which can be conveniently carried in the pocket, or a tin box, with a hinge cover, into which is placed a paper box, which can be easily removed and burned. This is the form most generally used in sanitarium. Nearly every drug store can supply these at a trifling cost. The expectoration of sputum into pieces of cloth or paper and the carrying of these upon the person is to be deplored and should not be countenanced, since, no matter how careful the person is inclined to be, pieces of these materials often escape the fire, where they belong, and become the means of infecting those not already infected.

*Pure air* is one of the most essential factors, not only as a preventive measure, but also in the treatment of tuberculosis, and this, strange as it may seem, has been one of the hardest measures to enforce, inasmuch as many of our so-called intelligent people persist in sleeping in rooms with closed windows. No room should be without a continual current of fresh air, whether it be winter or summer. Especially is this true of sleeping apartments, for so long as there is no draught and the person is warmly covered, the chances of "catching cold" are very remote. Indeed those who observe this custom are less susceptible to both "colds" and tuberculosis. Every room should be aired once or twice daily for an hour or two at a time and plenty of fresh air allowed to circulate throughout, especially in closets, whose doors should be left open while the room is being aired. These closets should be emptied and cleaned often and the clothes hung up in the air. A continual current of fresh air, no matter how small, should be allowed to pervade the room at all times. Those infected should occupy separate sleeping apartments.

*The Effect of Sunshine.*—The sun's rays, like oxygenated air, are among the best germicidal agents that we possess, therefore both need to be encouraged greatly. The house that is open on all sides and contains many windows is by far the most sanitary of all. The sun should be allowed to enter the rooms to the fullest extent. In this respect, white or cream-colored shades are more sanitary, since they permit the entrance of light, even when drawn. Dark rooms are the best germ incubators. It is best, however, to allow the sun to have free access to the rooms at all times of the day, and every one should be in the rays of the sun as much as possible.

*Daily Exercise.*—Too much cannot be said in favor of the observance of daily exercise, since this is a very important factor in the up-building of the body tissue. Those leading sedentary lives are more prone to tuberculosis than others. Every one should make it a point to be out of doors as much of the time as possible and not a day should pass without one going out of doors. Walking is the best form of exercise, as it develops the entire body, and for those who are indoors a great deal it is the ideal form. Especially is this true of salespeople and office men, who ride to their places of business in the morning, remain indoors throughout the day, and ride to their homes again at night, very often in crowded and poorly ventilated cars, which are in themselves undeniably the worst germ breeders that we possess. These people can help themselves in a great measure, not only in the prevention of tuberculosis, but other diseases as well, by walking as much of the distance as they can conveniently cover, and taking the car from this point if necessary. One or two miles should not be considered any effort whatever, and there is no doubt but that this would prove beneficial to all. Every one should indulge in some form of exercise and those who are unable to take part in the more active sports can always affiliate themselves with a gymnasium, of

which there are some in every city, for both men and women. All forms of active exercise tend to develop the lungs and bring into use those parts usually dormant, and which offer a fertile ground for inoculation. Deep, regular breathing, is a very good form of exercise, as it has a tendency to bring all parts of the lungs into play, thus making active the dormant parts, which offer the most fertile ground for inoculation, and if children are instructed in using this form of respiration, they soon become accustomed to it and consequently offer less susceptibility to this disease.

Keeping out of doors to a great extent will go a long way toward maintaining the immunity of the body against not only tuberculous but other infectious diseases as well, and this has proven of no small moment in the modern treatment of tuberculosis. In all of the sanatoria the patients are kept out of doors continually, and in some that I have known of the doors were locked in the morning and were not opened until shortly before bedtime, the patient being required to remain out of doors all the time.

*Diet* is a very important factor in the up-building of the body, thereby decreasing the susceptibility toward disease. In this respect it would be almost impossible to lay down any well-defined rules regarding what one should or should not eat, inasmuch as what may agree with one may be harmful to another. Therefore, those who feel that they are not assimilating the required amount of food necessary to maintain their standard, or whose appetite prevents them from receiving the requisite supply, can best serve themselves by putting themselves under the care of a physician, who can give them the proper treatment and advice. Those who find that they are losing weight should lose no time in consulting a reputable physician, who will, in all probability, be able to help them.

Plenty of proper food should be taken toward maintaining the body weight, but





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overloading the stomach, which is common to many people, should be carefully avoided. Milk, eggs and meat are very essential factors, and are of great assistance when in a fresh and pure condition only. The two former may be ingested in unlimited quantities so far as the being will tolerate them.

In making the closing remarks of this paper the writer begs to impress the necessity of adhering as closely as possible to the measures brought forth, which are the ones generally used in sanatoria and which have been productive of much good in not only preventive measure but in the treatment of tuberculosis as well. Those living in congested districts can best serve themselves by removing into the suburbs or more open districts, since the air is purer and of more abundance there, and this has been amply proven by the comparative low mortality of this disease in the smaller and outlying districts.

While many thousands have been benefited by removing to the western and southern States, especially those of a higher altitude and dry atmosphere, it has already been proven beyond a doubt that the same measures as are used there are productive of excellent results in the less higher altitudes, and the sanatoria of the eastern States are now daily sending out patients who formerly showed unmistakable symptoms of the disease, but who are now perfectly healthy, so far as it is possible to determine, and who follow their former vocations without any hindrance to their welfare. The sanatoria for the treatment of tuberculosis are the ideal places for those who are infected with this disease, since here they follow a routine life and live under hygienic conditions that it would be almost impossible to maintain at home. In New York and Pennsylvania there are a number of these institutions, both private and charitable. At Liberty and Bedford Station, N. Y., are large sanatoria. At Philadelphia, White Haven and Scranton are also similar institutions. Also at Phoenix,

Arizona; Texas, New Mexico, California, Montana, and numerous ones in Colorado, chief among them those of Denver. The institutions at Bedford Station, N. Y., White Haven and Scranton, and some at Denver, are free to those of all classes unable to pay, and many of the charitable sanatoria are conducted on even a more liberal basis than many private institutions for other purposes. In these sanatoria the patient receives the best food and medical treatment obtainable. The latter mentioned cities also contain private sanatoria.

*The great factor* in the treatment of tuberculosis is in being able to combat it in its incipient form, for in these cases, as well as others in the less advanced stages, cures have been effected, therefore, those who have the slightest tendency toward tuberculosis should lose no time in consulting a reputable physician and submitting themselves to a rigid physical examination. Those who are already infected can best serve their interests by putting themselves under the care of a physician, who can in very many cases stop the progress of the disease and very often build the patient up to his former self.

In many cases of advanced tuberculosis, much good has resulted from proper treatment and strict observance of such rules as are laid down by the physician. Every man, woman and child should consider himself a specially appointed agent to defeat the progress of this disease, and should not only set an example by precedent, but should strive to enlighten those less intellectual than themselves.

Throughout the German Empire, the government distributes yearly pamphlets and other forms of reading matter to the public wherein are laid down the rules of the government for the preservation of the body from this disease and begging for a close observance of these rules, in the interests of the public welfare. These measures have been adopted to a limited extent in a few of our

larger cities, and it is hoped that the task of educating the people to the advantages of proper life will be aggressively followed by all.

In conclusion, I would state that no greater philanthropy can be bestowed upon mankind than the endowment of these free sanatoria, and it is to be hoped that those who can will give generously toward these institutions,

wherever located, since it is the means of helping the most unfortunate beings and giving them an opportunity of renewing their life without the struggles incidental to this disease. The work of the sanatoria has shown that these people can be helped, and in many cases cured, and it should be the duty of every one to help them in so far as their circumstances will allow.



A WARD NATIONAL JEWISH HOSPITAL FOR CONSUMPTIVES, DENVER, COLORADO

# Some Things About the Nose, Throat and Ear that the Nurse Should Know

Chevalier Jackson, M.D.

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(Continued from June.)

## INTUBATION.

LET us consider for a moment the anatomy of the air passages. The upper throat at the back of the mouth, called the pharynx, is the common passage for food and air. This is continued downward to the stomach by a tube called the esophagus or gullet. Through this we swallow our food. Opening forward from the pharynx, just back of, and below, the tongue, is the larynx or voice box, continued downward to the lungs by a tube called the trachea or windpipe. Through this we get our air. The larynx or voice box is closed during swallowing, to keep out the food, by a flap-like valve called the epiglottis. When a crumb of bread or a drop of fluid food accidentally gets past this valve into the voice box, it sets up a violent coughing. This is called "getting down the wrong way" or "into the Sunday throat." Now, in diphtheria and some other diseases and in injuries, the voice box becomes closed by swelling or by inflammatory exudates. In these conditions, we frequently insert, through the mouth, a gold lined or plated tube, into the voice box and upper trachea, to admit air.

These cases are very trying ones to nurse, if you are not thoroughly familiar with the instruments and conditions. Sometimes these intubation tubes become obstructed suddenly, and if the patient is not able to cough out the obstructed tube, death from asphyxia or smothering immediately follows, the patient turning first blue, then dark slate colored, from the lack of air to purify the blood. When a tube becomes thus obstructed, sometimes it will be coughed out. In other cases the patient will struggle, if strong enough, and

will make the motion of breathing, but no air will pass, the skin will become blue, then slate colored. When this occurs, the nurse must immediately remove the tube, if the string has been left attached. The finger is inserted far into the back of the mouth, where the finger tip is used to raise *upward* on the string, not a direct outward pull. If the string has not been left attached, the nurse cannot be held responsible, as it requires instrumental removal and special skill. If the tube is either taken out or coughed out, the physician must be immediately notified, as in many cases the air passage soon closes up, and the child will die for lack of air. Sometimes spasm of the movable parts of the larynx will shut off the air at once, after the tube is coughed out, and the patient will die in a few minutes. The breathing ceases after a few jerky efforts, the face gets blue, then slate colored, then almost black. The pulse may continue to beat for several minutes. In these spasmodic cases, artificial respiration may save the patient's life. It should be instituted and kept up until the physician's arrival.

You will soon learn to know, by the sound of the breathing and the cough, when the tube is in place and free. The cough of an intubated patient is brassy. If you want to learn to recognize the sound, listen to one of the cases now in the hospital.

It usually devolves upon the nurse to hold the child for intubation and extubation. This is the way to do it. Sit down on a chair placed upon a sheet spread on the floor. Take the child's legs tightly between your knees, pass your arm tightly around in front of the patient, and grasp the patient's left hand with

your right and the patient's right hand with your left. Keep your hands never higher than the patient's belt line, lest they be in the physician's way. Wrapping the arms tightly to the body with a sheet is sometimes used, but is objected to in some cases because it impedes an already weak breathing. Another nurse or the family physician usually holds the mouth gag and also the patient's head, which must be kept level—neither thrown backward nor forward.

Feeding in intubated cases is often a problem. By one method the patient lies prone upon his chest, with the head projecting beyond the end of the table. The fluids are sucked up through a soft rubber tube. Another way, known as the Casselberry method, is for the patient to lie on the back, with the head lower than the shoulders and body, the food being taken through an ordinary nursing bottle with rubber nipple, and thus swallowed "up hill."

Often the patient only thinks he cannot swallow. One case of this kind occurred in B ward a few days ago. He said he could not swallow, but when he was offered a nursing bottle he got angry, grabbed the bowl of milk he said he could not swallow and drank it all down.

Solid food is dangerous, involving the risk of occluding the tube, but soft solids are often easier swallowed than fluids.

Another way of feeding these cases is by passing the stomach tube, but many physicians object to this in diphtheria, though it is excellent in all other diseases, and every nurse should pass it often enough to acquire ease. It is often used in a modified form, by passing a very small tube through the nose, also objectionable in diphtheria, in the opinion of some physicians.

#### ARTIFICIAL RESPIRATION.

I have just spoken of artificial respiration. Doubtless you have all been instructed in this, and a number of you have helped perform it, yet repetition will not be useless, as it is a

thing not only every nurse but every person should have at their finger tips. The indication for artificial respiration is: Any condition, from whatever cause it may come, in which the pulse continues to beat while the breathing is stopped. The two signs of absence of natural breathing are: Blueness of the skin and absence of respiratory movements. The chief of these is blueness of the skin. In a class of cases, different from what we are now considering, all the respiratory movements may seem to be made, yet no air be entering the lungs. There may be obstruction from a foreign body in the throat, or from falling back of the tongue. If from the latter, the tongue must be seized and drawn out with a hemostat, or with the fingers covered with a towel or napkin to prevent slipping. The tongue must be held forward and upward, not bent down over the lower teeth. Another way to draw up the tongue is to stand at the head of the patient, draw up the lower jaw by placing the fingers of each hand, one on each side, below the angle of the jaw. This will often start up a respiration that has been suspended. You will often see this in the operating room while the patient is under an anesthetic. In fact, most anesthetists keep the jaw constantly elevated to keep the breath channel free.

The best method of artificial respiration for general use is known as Sylvester's. The patient is placed on his back, preferably on a table, the nurse standing back of the head. The arms are grasped at the elbows and forcibly pressed against the sides of the chest, then moved away from the body and swept outward around in a circle till they are brought to full overhead extension, drawing strongly on them to raise the ribs and chest wall. A pause is here made for a few seconds, and then the elbows are slowly carried back to the first position and pressed firmly against the chest to expel the air, and another few seconds' pause is made. The usual error is to go through these movements too rapidly.

They must not be oftener than eighteen extensions in the minute and sixteen is better. A very good way is to time the movements by your own respirations. Proceed slowly and methodically, else you will not do the best for your patient, and you will, yourself, soon become exhausted. I would advise you to practise this artificial respiration on each other, till you can do it readily, rhythmically and with ease. A few moments ago I spoke to you about intubation, telling you that in intubating a patient we slipped a small gold-plated tube down into the voice box *through the mouth*, without an incision, or the making of any wound. Now we come to a very different operation, in which we cut through the neck from the outside skin surface, making an artificial opening through the neck into the windpipe or trachea. This is called

#### TRACHEOTOMY.

Tracheotomy is frequently an emergency operation, often done with only carbonic acid narcosis, that is, the unconsciousness from smothering; often with the patient still struggling for air. Frequently it looks more like a fight than an operation. Throw a pillow, bundle of clothes, a rolling-pin, bottle—anything—under the shoulders of the patient, or hang the head over the edge of the table—any of these things will throw up the neck into prominence. Always remember this: Any one can hold the arms and legs of the patient, but the nurse's duty, if there be but one nurse, is to hold the head exactly straight in the median line. No duty you can do the surgeon is more important than this, for on it much depends. Tracheotomy is often done for foreign bodies in the trachea and bronchi. Doubtless some of you remember the little girl about two years old that we had here last summer. After a tracheotomy in this operating room, she coughed up a coffee berry into the wound, where it was immediately flipped out. But results are not always so fortunate. If the foreign body has not been extracted at the operation, the nurse is sometimes sta-

tioned at the bedside to watch for and seize the foreign body, if the patient should cough it into the wound, which is held retracted with a thread in each lip of the tracheal slit.

As long as I live, I shall never forget the first case of tracheotomy I saw die. It was when a boy, long before I had studied medicine. The canula had become occluded, and the nurse, not a graduate, saw the change in the patient, but did not realize the cause of the trouble. She knelt down and began to pray. The patient was dead when the doctor arrived a few minutes later. He pulled the inner tracheal canula from the dead child's neck and pushed out of it a little plug of mucus and exudate. Had this been done by the nurse at the proper time, the child would have been saved. I know no "West Penn" graduate will ever let a patient die that way.

Tracheotomy cases are not common, so that you may not all have them to handle in the hospital, but I want you all to handle these tracheal canulæ until you become thoroughly familiar with them. You will notice the inner canula is held in place by a little turning catch. The outer canula is usually only taken out by the surgeon; while the inner one is removed, as often as necessary for cleaning, by the nurse. Bear this in mind: Should the outer canula come out, it must be at once replaced. Remember that the trachea is an elastic tube, so that the slit in it, like the slit in this rubber tube I show you, closes as soon as allowed to. You must spread the lips of the tracheal slit, deep down in the wound, with a hemostat or these tracheal forceps (Trousseau's).

Remember the patient, unless unconscious, will not be still like this tube. He will be struggling for air, his neck moving about, and even when held, his trachea will be moving up and down.

Pneumonia is always to be feared after a tracheotomy. You will remember in speaking of the anatomy and physiology of the

nose, I spoke of the warming, moistening and filtering functions of the nose, preparing the air for contact with the delicate lung tissue. In a tracheotomy case we have done away with all these preparations, and the air takes a short cut to the lungs, going in at the degree of moisture and temperature of the room, laden with dust, if the air be dusty.

I have formulated the following:

#### RULES FOR NURSING A TRACHEOTOMY CASE

(subject, of course, to the instructions of the attending physician.)

1. Keep the room at 74°, with as little variation as possible.
2. Avoid all drafts.
3. Keep the air moist.
4. Avoid all dust; do not allow sweeping, shaking or quick handling of the bedclothes, etc.
5. Clean the inner canula as often as necessary—even if it be every five minutes. Learn to tell by the sound when cleaning is needed.
6. Never leave your patient's room unless relieved by a nurse or a physician.
7. Anticipate your needs; have everything in the room you are likely to want, before you are left alone; and arrange a call bell or some sort of signal, so you can call some one to get you what may be needed, in order that you never need leave the patient alone.
8. Keep always beside the bed, sterile and wrapped in a sterile towel, a Trousseau dilating forceps or a long pointed hemostat to dilate the wound, in case the outer canula should come out.
9. See that the tapes holding the outer canula are always a neat close fit to the neck all around, so as to allow no slack.
10. Watch for blueness of the skin. If you have cleaned the canula and the skin is still blue or slate colored, notify the physician at once. This is the danger signal.
11. Keep a supply of pieces of gauze to catch and wipe away the secretions and discharges coughed out. Do not use cotton for this purpose, as the shreds are apt to be annoying.
12. Handle the canulæ carefully in cleaning, so as not to scratch, bend or roughen them, as a rough edge or a sharp point would irritate and tend to cause ulceration. The best cleansing solution is a strong one of bicarbonate of soda—common baking soda. The best instrument for cleaning is a pistol-cleaning brush of small size, to be had for ten cents at any gun store. Bend it to the same curve as the canula.
13. Insist on getting your regular rest so that you can be active, wide-awake and not doze for a minute, on duty.
14. Remember after a patient's canula is completely stopped, unless relieved, that patient will not last three minutes.
15. Don't let the patient die for want of air.
16. Don't stick that tracheal canula down in the soft tissues of the neck instead of into the windpipe and let the patient asphyxiate.
17. Remember that deep down there somewhere in the wound is the windpipe, which will let life saving air into those lungs, if you will only remember to spread with a hemostat the slit that the surgeon has made.

I do not see anything difficult about all this.

I do not see why these cases should die, because the nurse has forgotten this simple little thing.

It is as easy as giving a hypodermatic injection.

Those of you who have only done institutional work, can scarcely realize what it is to watch one of these cases alone all night. No interne to be had in a few minutes, no sister nurse to lend a helping hand and share the responsibility; blame if you fail; little or no praise if you save the patient's life in the discharge of your duty.

## Care of Infants

Constance V. Curtiss

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**A**FTER the ligation of the cord the care of the child begins. It should be wrapped in a thick blanket, and placed in a warm, darkened room, and should be surrounded by hot water bottles, care being taken not to burn the child.

In private nursing wash the eyes with a warm saturated solution of boracic acid. If the mother has a purulent vaginal discharge use Crede's solution, dropping into each eye two or three drops of a 2 per cent. solution of nitrate of silver, followed by a few drops of salt solution.

If pus appears in the eyes, they should be cleansed every hour with a saturated solution of boracic acid, and if the lids show a tendency to adhere, anoint them with vaseline. If the discharge continue, the nurse should call in the doctor at once.

The mouth should be cleansed with swabs of gauze or muslin, wrapped around the finger, dipped in either sterile water or boracic acid solution. Great care should be taken not to use violence, as the mucous membrane of the baby's mouth, especially the roof, is very tender, and abscesses may result from bruising.

The nurse should examine the child's mouth, especially the roof, for white flakes, which usually denote "thrush" or "sprue"; if this should develop, the mouth is to be washed with either borax or bicarbonate of soda (one teaspoonful to three ounces of water) after each feeding or nursing, and also four times a day with boracic acid solution.

The nose is greased with vaseline, applied with cotton on a toothpick, to keep clear the air passages.

The bath is given in a warm room at a temperature of 80° F. The child's body is thoroughly oiled with olive oil to remove the

*vernix caseosum*, then bathed in water at 100° F. As the child grows older the temperature can gradually be reduced to 98°. After six months to 95° and after two years to 85° F.

When the child is delicate, or weighs under six pounds, it should only have a moderate sponge bath, using very little water. The bath is to be short, and the baby thoroughly dried, without too vigorous a rubbing. The towels for drying should be of a very soft material, old tablecloths are preferable, as frequently too vigorous rubbing will cause irritation of the skin. The body should be thoroughly greased. If the skin be unusually delicate, or excoriates readily, no soap is to be used, and a salt or bran bath is given. In giving a salt bath, add a teacup of common or sea salt to two gallons of water; or if a bran bath is preferred, place a pint of wheat bran in a muslin bag, and place in the bath water, squeezing the bag until the water resembles a thin porridge.

The bath should never be given within an hour after nursing. The face is to be washed without soap; the scalp is to be washed with soap, and thoroughly rinsed and dried; the body is then soaped and the baby gently placed in the tub, with its head and shoulders in the nurse's left hand, while she grasps the legs with her right hand. Great care should be taken not to allow any of the water to enter the child's ears. The child, firmly supported by the nurse's hands, is to be moved gently to and fro in the water.

If the child has any rash, or eruption on its skin, it should not be bathed, but instead only anointed with olive oil. Very little soap should be used, and the body thoroughly rinsed, and *not too vigorous rubbing*, either *during or after* the bath.

There should be a free use of powder in the



folds of the skin—under the arms, behind the ears, neck and groin. A good dusting powder consists of two parts starch and one part boracic acid powder. The buttocks are a very common place for chafing, so the utmost care should be taken that all napkins are removed as soon as wet or soiled, and the parts kept scrupulously clean. If at all chafed, they should be bathed with either bran or salt water, and in severe cases even this is omitted for several days. These parts are kept clean with olive oil on absorbent cotton, and the skin dusted with the starch dusting powder.

If prickly heat occur it is due to excessive perspiration caused from too warm clothes, especially flannels. This should be treated by putting linen or muslin next to the skin, and sponging the skin frequently with equal parts of vinegar and water, and the free use of the starch dusting powder. One of the most essential things in the care of an infant is the selection of proper clothing. The chest should be covered with soft flannel, wool and silk, which is preferable to all wool. The abdomen is supported by a broad flannel band, which should be snug but not too tight, kept in place by sewing, instead of pinning, thus avoiding uneven pressure and scratching. If the binder be too tight, it interferes with breathing, and the pressure upon the stomach may cause vomiting. When the clothing is too loose, much discomfort is caused from the folds.

The most important use of the abdominal binder is to prevent hernia, and keep the dressings on the cord. A snug binder is not necessary after the fourth month. In healthy infants a knitted band is substituted. This may be worn up to the eighteenth month, although it is not important after the first year, except in cases of delicate children who are subject to diarrhea, when it should be worn until the third year.

The petticoat should be supported by straps from the shoulders. In dressing the child it is placed on its back in the nurse's

lap, and the underskirt is placed inside the child's dress and both slipped on together over the child's feet.

Great care must be taken not to keep children too warm. In the summer only the thinnest gauze undershirt should be worn, and changes in the temperature should be met by changes in the outer garments. The child can be wrapped up in the morning and evening and the wraps removed during the middle of the day. In very hot weather there is no objection to leaving the legs bare. Medium weight flannel is heavy enough for the coldest weather.

Children do not require as heavy flannel as older people as the circulation is more active and they perspire more freely, therefore they are more liable to catch cold if too heavily dressed. As a rule children are too heavily dressed, which is one of the most frequent reasons for their catching cold. A child that is very susceptible to cold should have its chest and spine sponged every morning with cold water.

The temperature of the room should be carefully kept. The best temperature is 68° F.—the thermometer hanging three feet from the floor. It should never be above 70° F. The temperature at night for the first two or three months should never reach below 65° F. After three months it may go as low as 55° F., and after the first year may be 50° F. or even 45° F. The windows should be left open at night after the third month, except when the temperature is below the freezing point.

The nursery should be aired at least twice a day—in the morning after the child's bath and in the evening just before it is put to bed. The child is to be removed to another room while the airing is being done. A child which is kept in too warm or too close a room soon becomes pale, loses its appetite, has indigestion, occasionally vomits, stops gaining in weight, perspires very much and takes cold easily.

A southern exposure is the best for a nur-

sery. There should be no plumbing nor drying of napkins in the room, no gas should be burning during the night—a wax night lamp answering the purpose of a light—no hanging heavy curtains to the windows, only dark shades.

The napkins are removed as soon as soiled or wet. It is better to always use a fresh one, but they can be used a second time.

In the fall and spring a child may be taken out of doors at the age of one month; in the summer at one week; in the winter airing in the room may begin at one month and the child may be taken out of doors at three months on pleasant days. It should then be kept in the sun and out of the wind. The child is never to be taken out if there be any sharp wind, when the ground is covered with melting snow, or when it is extremely cold.

The sun should never be allowed to shine

directly in a child's eyes, whether awake or asleep. Fresh air is as important as food to renew and purify the blood and maintain health. In the summer time there is no objection to a healthy child sleeping out of doors in its coach if properly protected from the wind and direct rays of the sun.

Weighing the child is of the utmost importance. It is to be weighed once a week for the first six months, and at least once in two weeks during the last six months of the first year, and regularly thereafter when there is any sign of sickness or indisposition. A child generally loses the first week from four to six ounces; after this a healthy child should gain from six to eight ounces a week for six months; from six to twelve months the gain is less, usually two to four ounces a week.

(The Care and Feeding of Children by L. Emmet Holt, M.D., used as reference.)

## The Nurse

Into our shadowed house she comes a messenger of cheer,  
And heavy eyes uplift to her and fond hearts hold her dear;  
Her skill has power to lessen pain—her touch of gentleness  
Can battle with the fever's might, is strong to sooth and bless.

Her choice, the best of woman's work, a ministry of grace—  
Who serves is greatest, and the nurse may have an angel's face,  
And prayers of love arise for her and thanks to God be given;  
She speeds her patient back to life and whispers words from heaven.

God bless the nurse whoe'er she be, and keep her purpose high,  
And comfort her and strengthen her who sees so many die.  
Christ gave her work to do for him, and make her brave of heart,  
And keep her faithful to her choice, the kindest, noblest part.

And God be thanked for these good times when consecrated thought  
Sees kindly deeds that may be done, and acts because it ought.  
Oh, happy days, when love is king and pity gives commands,  
And nurses bring to sorrow's home kind hearts and faithful hands.

N. P.

## Postpartum Hemorrhage\*

Joseph B. De Lee, M.D.

**W**E DESIGNATE all bleeding after the child is born postpartum hemorrhage, although, strictly speaking, the term should apply only after the placenta is delivered. The laity call such loss of blood a "flooding," and truly the appellation is sometimes deserved.

Postpartum hemorrhage is caused either by a laceration of some part of the genital tract or from atony of the uterus. The laceration is usually caused by an operative labor, as forceps, or breech extraction, but it may occur, although rarely, in spontaneous delivery. Atony of the uterus is rare, and may be caused by general weakness of the mother, retention in the uterus of a piece of placenta, or of clots, after overdistention of the uterus, disease of its structure, etc.

The symptoms of postpartum hemorrhage are those of external bleeding and the effects of the loss of blood on the patient—pale face and lips, cold sweat on the forehead, rapid running pulse, rapid breathing, yawning, the patient complains of being dizzy, faint, "clutching at the heart" (precordial anxiety), has ringing in the ears, and is sometimes blind. If the bleeding is not soon controlled, the symptoms aggravate, the woman is restless, has cramps in the muscles, becomes unconscious and dies. Happily, such extreme cases are rare, and with the exception of a woman whose blood is pathologically altered so that it will not clot, nearly all patients can be saved by the means we now have at our command. If the hemorrhage comes on before the placenta is out, the doctor usually removes the latter; if the hemorrhage should come on after the placenta is out, the physician massages the uterus, gives ergot, a hot uterine douche, swabs the uterus with vinegar, packs it full of gauze, or adopts other

means of controlling the loss of blood. The bleeding that occurs after the physician has left the house is what concerns the nurse in actual practise.

A woman in the first two hours after the placenta is delivered may lose three ounces of blood without there being any danger. If the uterus is hard and not too large, this is all right. If more than this amount oozes away; if there are clots, and if the loss keeps up, the physician should be notified. Should the patient be suddenly taken with a profuse hemorrhage, her life may depend upon rapid action of the nurse, and it is therefore highly essential that the latter retains her presence of mind.

The first thing to do is to grasp the uterus and massage it vigorously. If the nurse cannot find the uterus, let her massage the abdomen with her fist until the uterus contracts, when it can be felt better. The physician must be notified, and if he is too far away, the nearest one obtainable should be sent for. But the nurse cannot always wait for the doctor. She may administer a dram of ergot. If her massage has the desired effect, the hemorrhage ceasing and the uterus remaining hard, this is all that is necessary; the nurse may wait, guarding the uterus. If not, the flow continuing, she at once gives a hot vaginal douche, inserting the tube about seven inches and giving the tube the upward and forward direction of the parturient canal. If this does not stop the hemorrhage, the nurse should pack the vagina as tightly as possible with gauze, cotton, handkerchiefs, or anything at hand that is sterile. After the vagina is tightly packed, the nurse places her fist against the packing at the vulva, and with the other hand presses the uterus down against the pelvis (Fig. 107).

\*The above is a portion of a chapter from Dr. De Lee's new book, "Obstetrics for Nurses," and is used by permission of the publisher.

If her arm is not strong enough to keep up firm pressure, the husband will have to help. In this way the hemorrhage can be controlled, or at least mitigated, until the doctor comes. Throughout the nurse must keep her presence of mind, must act coolly and confidently, and not neglect her antiseptic precautions.

While doing these things, the nurse has the foot of the bed raised three feet from the floor by means of a table; she gives the patient some strong hot coffee, a hypodermic of

physician may wish to tampon the uterus, and for this will need a jar of sterile or antiseptic gauze.

When a hot douche is ordered, the nurse should ask the degree wanted, and often the fluid has a temperature of 115° to 120° F. Sterile water, or 1 per cent. lysol solution, is usually ordered. The nurse should be skilful in giving hypodermic injections, and should never be caught with a defective syringe.

When the bed is ordered elevated, a table at least thirty inches high is to be placed under the foot; a box on the table adds to the elevation.

If the case is so serious as to demand salt solution transfusion, the nurse prepares for same. Should the patient faint or feel like it, smelling salts may be applied to the nostrils and a stimulant hypodermic injection be given. The physician may order ether, whisky, camphorated oil or aromatic spirits of ammonia to be given hypodermically. Cases like this impress upon the laity the importance of skilful and sufficient attendants, even for a normal labor.

#### AFTER-CARE.

This is highly important. It requires much care to nurse the exsanguinated woman back to health. The bed should be left raised until the physician orders it lowered, which may be in from one to four days. When lowering is ordered, the nurse lets it down a foot every hour until it is horizontal. Fainting may result if it is lowered suddenly.

The diet is carefully regulated. Liquids in abundance, short of causing emesis, are given. Rectal injections of saline solution may be ordered. When food is acceptable, milk, eggs, meat-juice, and, later, broiled steak, the marrow of bone, and vegetables rich in blood salts (as spinach and lettuce) are given. The physician may order a blood



Fig. 107.—TREATMENT OF POSTPARTUM HEMORRHAGE WITH BED ELEVATED

strychnin, 1-40 grain, or camphorated oil, if necessary.

While the doctor is coming she has the husband, under her direction, provide towels, hot water, etc., for eventual operation. Fortunately, the nurse is rarely called on to assume such grave responsibilities. The writer knows of only one instance, and here massage with a dose of ergot accomplished all that was necessary.

The nurse's duties while assisting the physician at a case of postpartum hemorrhage are many. She must see that the patient is not exposed to chilling, that she is kept warm by hot-water bottles, that there is an abundance of hot and cold sterile water for douches, hypodermoclysis and hand solutions. The

tonic and a trip to the seashore to complete the recovery. While the patient is in bed she may not raise her head until the nurse deems it safe. This is to prevent fainting. She may move in bed during the first few days only with great deliberation, this precaution being aimed to prevent heart embolism.

When the nurse gives such a patient a bath, she should not rub the limbs too vigorously, as clots sometimes form in the large veins and hard friction might loosen them. They would then float in the blood-stream to the heart or lungs, perhaps causing fatal embolism.

## American Nurses in Japan

AT LAST we have reached Japan, and the welcome we have received is alone worth the journey half way around the world. Had we been princesses, the hurrahs of the crowds could not have been louder nor the bows deeper, while the warm friendship of the people, both high and low, has been proved in a hundred ways. Fortunately for our modesty, we well know that the ovations we have received are not intended for us personally, but are an expression of the universally felt friendship of the Japanese for Americans, and of their deep appreciation of the present sympathy felt for them by our countrymen in this, their hour of trial. We are constantly reminded of their debt of gratitude to the United States for opening their land to western civilization half a century ago, and being a nation whose hearts are filled with kindness, the coming of American women to give their skilled personal help to the soldiers of the nation is deeply and universally appreciated.

When the big steamer *Shawmut* anchored in the harbor of Yokohama on Friday, April 22, everyone who could do so came out to greet us and escort us to the land. First, of course, the newspaper men, who, strange to say bore a large basket of flowers—our first gift here. Close behind them came the governor of Kanagawa Ken (or State), the mayor of Yokohama, the chairmen of the State Legislature and of the Chamber of

Commerce, the chief of police, the harbor master and many other officials. With them were the representatives of the national Red Cross Society of Japan, who had come from Tokyo expressly to greet us, viz., Dr. Takaki, retired surgeon general of the navy, and M. Hirayama (both members of the House of Lords of Japan) and Mr. Togo, the secretary of the society. Among the ladies of the party were representatives of the patriotic women's organizations, several of whom had come from Tokyo. After landing, Mrs. Wood, wife of the military attaché of our Legation here, arrived by train, while none greeted us more warmly than did the American missionaries.

The steam launches carrying us ashore were escorted by "sampans" or little native boats, decorated with flags, and at the wharf and along our progress to the Kaigin Church, the great crowd shouted "banzai" (hurrah), kodaks snapped constantly and as we marched slowly in a procession, preceded by the chief of police in his handsome uniform, and headed by me, escorted by the governor, all of us bowed to this side and that, carrying bouquets of flowers and a roll containing the address of welcome, in Japanese. After the "welcome meeting" in the church, we were driven to the Grand Hotel where the morning was spent in receiving visitors, and after an elegant luncheon, during which a band played for us, we started out to see the city. The

procession of ourselves and escorts, each in a jinrikisha decorated with American and Japanese flags, was everywhere greeted with shouts and bows, so that I fear we have but a very vague idea of the city itself. Indeed, when we were alone afterward, more than one of us confessed to having had difficulty at times to keep the tears back, so genuine is the gratitude of these people, each one of whom has some dear one in the army who may perhaps receive care from us.

A large public school was a most interesting sight, especially the little girls doing gymnastic exercises which were really dancing steps and pretty games. After a visit to our Naval Hospital, where we were cordially greeted by Medical Director Herndon, we had another welcome meeting, this time from the Yokohama Christian women, as described in enclosed clipping. In the evening, a large and elegant dinner in our honor was given by the State governor, in his capacity as president of the local branch of the Red Cross. Before leaving the table, still another cordial address of welcome was delivered in English, and (as usual) I responded to the best of my poor ability. Never in my life have I so keenly felt the paucity of our language in such polite words as abound in the Japanese! Perhaps, though, I ought to blame myself instead of the language, for my inability to express what we feel so keenly.

Our consul general, Mr. Bellew, called while we were out, and unfortunately we missed seeing him.

Our departure from the city next morning was the occasion of another ovation. I had to get off the train to respond to the greetings at each station.

But if what we received at Yokohama was something beyond what any number of American millions could buy, how can I describe our welcome to the capital city of Tokyo? The station and its approaches were filled with representatives of the highest nobility of Japan, government officials, army

officers, members of patriotic societies, bodies of nurses, missionaries, and finally the common people, who were not left behind in the warmth of their welcome. Among the company were relatives of the Emperor and of the former Shoguns, two princesses, Marchioness Oyama, wife of the field marshal of the empire, Marchioness Nabeshima, whose husband was one of the greatest of the old Daimyos or feudal lords, Baroness Sannomiya, an English lady, whose husband is grand master of ceremonies to the Emperor, and many other prominent women, both titled and untitled. As I am not writing a blue book at this moment, I will not attempt to give the names of the gentlemen, but they included the governor of the district, the mayor of Tokyo and of each division of the city as well as the officers of the Red Cross, members of the House of Lords, etc., etc. We were driven in state to the Hotel Atago, a new and pleasant place located in a public park on a hill, with a fine view over the city. We were followed there by most of those named, and held an informal reception. Again I had occasion to be thankful for a knowledge of French and German, and I have been more than once reminded of the old days in Europe when it was no uncommon thing to be using three languages at the same time. The Spanish which several of the nurses speak is of no use here, but the German of some of them is quite at a premium. Although we have been having lessons in Japanese both in Seattle and on the steamer, none have made enough progress yet to actually converse in it. Attention is of course mainly devoted to words and sentences that will be useful in our work. I may add here that, after visiting the hospitals, the opinion of all is that there will be no difficulty in adapting our work to the Japanese requirements or in learning enough of the language to make the work run smoothly.

No account of our reception would be complete without a full account of the Ladies'

Volunteer Nursing Association, which is really an integral part of the Red Cross, but as there will be much to say of it in future, I shall do no more now than to refer to it as the leading one among the many women's societies and the one most nearly interested in our coming and foremost in its welcome.

On the afternoon of the eventful day of our arrival (April 25) in Tokyo, we called on our minister and Mrs. Griscom at the Legation and had tea with them by invitation. Our host showed us the charming Japanese garden he has had constructed in the Legation grounds, with its little lake in which a depression, pebbles and imagination take the place of water, and its bridge carefully constructed over an equally imaginary, but gracefully winding brook. Another important feature is the "mountain," which one ascends to view the scene and which may be eight or ten feet high.

Other callers that afternoon, to our great delight, were Richard Harding Davis, John Fox, Jr., of "Little Shepard" fame, and Miss Eliza Ruhamah Scidmore, the writer of many interesting books of travel and a good friend of mine. Her brother has just been made advisor to the Legation, in addition to his duties as deputy consul general, so they run up to Tokyo from Yokohama very often. The Imperial Hotel is still filled with foreign correspondents and military observers, though we hear the latter are going to Corea in a few days. It was intended that we should go to the same hotel, but fortunately for us, every room was taken when we arrived. This quiet hotel is much pleasanter.

The next day, which was Sunday, the party went to a Japanese Presbyterian church in the morning and to Union Services in the afternoon. We were joined at dinner by Mrs. Richardson, of England, who, though not a trained nurse, has been permitted to come here to give some help in the hospital on account of her having done the same in South Africa, where her son was an officer.

On Monday every one was up at six o'clock in order to visit the famous tombs of the Shoguns in Shiba Parks not far away. Unfortunately, there is no time now to tell of their interest and magnificence. After breakfast Dr. Takagi escorted me, as representative of the party, to pay official calls, and Mrs. Richardson was also invited to join us. We first visited Marquis and Marchioness Nabeshima in their palace in its great garden. It was interesting to note that on each of the various occasions when we have seen this great noble and his wife (almost every day) they have worn European dress, except on this morning, when the latter was in the native costume. Our next visit was to Baron Komura, Minister of Foreign Affairs, or, as we should say, Secretary of State. He received us in his private office and after I had presented the letter given me by the Japanese Minister in Washington, he spoke at some length of the friendship between our two countries and his pleasure at our coming here at this time. His Excellency will be remembered as former minister to our country. He speaks English perfectly and I was fortunately able to convey to him our thanks for his great kindness in authorizing us, of all the foreigners who have offered their help, to be the ones to represent our country.

We next drove to the Navy Department, where we held quite a conversation with the minister, Baron Yamamoto. He addressed us on the subject of the war and how, in spite of all the efforts made by Japan, whose interests are all on the side of peace in the Orient, war was forced on the nation. He said that up to this time there have been eight engagements with the Russian navy, as the result of which the Russians had lost fifteen ships (not counting those that may be repaired) and 1,200 men—a number that would be the equivalent of several thousand men in the army. The Japanese, on the other hand, have lost not a single ship and only twenty men killed and eighty wounded. This mar-

velous result was, he said, unequalled in history, and he gave great credit to the wisdom of the Emperor for it. I replied that while I fully appreciated the greatness of the Emperor under whose rule Japan has learned what it took Europe many centuries to acquire yet we thought the wonderful success of the navy was mainly due to the bravery and skill of the Japanese officers and men and to the directing hand of His Excellency himself. I take some pride in giving the above figures, as no one else here seems to have known them. Part of my visit to the navy I am asked not to refer to, but this I was authorized to mention. I also spoke to the minister of my personal interest in the navy, as my father, grandfather and many relatives have been officers in our own navy.

In addition to meeting the minister, we had conversations with the vice-minister (or assistant secretary), Rear Admiral M. Saito (brother-in-law of the son of Admiral Viscount Nire, now a lieutenant commander on the *Hatsuse*, whom we knew well when he was studying at Annapolis), and the chiefs of directors of the divisions of the department, including the chief medical officer of the navy. I must add here that Viscountess Nire, the admiral's wife, was among the first to welcome us, and that she, her daughter and Admiral Saito have all spoken of letters from the lieutenant commander about their giving me messages from him. Before leaving the naval offices, we were shown some guns, flags and other trophies from the Russian cruiser *Variag*, which was blown up in Chemulpo harbor. Before leaving this subject, I must refer to the remarkable atmosphere which pervaded this department, as well as the others which I visited. No one seemed worried and all appeared to have ample leisure to chat comfortably at length. Everything is so systematic and has been planned so long in advance that, though now in the midst of activity, there is no need for undue haste. An excellent example of this is found in the fact

that yesterday, in the middle of the day, the minister of the navy and the vice-minister both come in person to this hotel to return my visit! This alone may give you an idea of the way our party and its mission is regarded in Japan.

Our next call was to the minister of war, His Excellency, Mr. Terauchi. He sent for his vice-minister, for the director of the medical department, and, to my great delight, also for the famous field marshal, Marquis Oyama, chief of staff. I talked French to these gentlemen, except the medical officer, to whom I gave quite an account of the nursing in our army, in German.

Of course I did not forget to tell the officials about the Red Cross of Philadelphia, whose representatives we are, jointly with the Society of Spanish-American War Nurses. Much interest has been shown here in our Philadelphia Society, and our only regret in all our experiences is that its officers and also our families could not have shared all our good things. After leaving the War Department, we drove to the City Hall to return the calls of the governor and the mayor of Tokyo. The latter I told of our departure from Philadelphia and our farewell from that city's mayor. We received invitations to visit the public schools and the fine water works of the city.

Returning to our hotel, I found all the nurses ready for lunch, and with them was Mr. Nagasaki, the secretary to the Department of the Imperial Household and the holder of several other important positions at court. He and several officers of the Red Cross Society lunched with us, after which we spent the afternoon at the Red Cross Hospital. Of this I shall have so much to say later that I leave it for the present.

On the way home, I called on the minister of the imperial household, on Mrs. Nagasaki and another high official, but no one was at home, as they were not expecting us. Dr. Takagi was escort again.



To my great regret I must leave for another letter the account of visits to the laboratory of Dr. Kitasato, the world-famous bacteriologist, of the dinner at Marquis Nabeshima's, of the garden party, both given in our honor, as well as of the numerous beautiful and interesting presents we have received, the letters of gratitude from a distance and from the common people, of the delegations from societies of all kinds, including even the Buddhist priests, who sent a representative, of the Japanese newspapers and their ways, and of those who have already become our good friends.

Of the trip across the Pacific, it is only necessary to say that it was slow—nearly three weeks—and cold, but the huge boat was

so steady that most of the time we could scarcely feel it move. I was not seasick except somewhat in my head, but had a good rest after the delightful and busy stay in Seattle.

Of our movements in the future we know almost as little as we did at home, as the greatest secrecy is being maintained. As we may leave any day after the expected great battle is fought, few of our numerous invitations have been accepted as yet, but among the interesting things that are to fill the next few days are a grand banquet given us by the Red Cross Society and the presentation of all to T. I. H. Prince and Princess Kan-in.

ANITA NEWCOMB MCGEE.

Tokyo, April 28, 1904.



MISS SARA BOLTON AND GRADUATING CLASS '03 OF THE EVANSVILLE SANITARIUM, EVANSVILLE, IND.

## The Lakeside Home for Little Children

**T**WENTY-ONE years ago The Lakeside Home for Little Children, at the Lighthouse Point, Toronto Island, was built. Twelve years ago it was rebuilt in enlarged form and completely furnished at a cost of about \$70,000, and presented to the Trust as a summer home for the convalescent children of the Hospital for Sick Children.

It is replete with every convenience of a modern sanitarium, with seven large wards, thirty rooms for nurses, bathrooms and lavatories for every ward and for the staff, dining and reception rooms, and operating room, sun bath rooms, an annex for kitchen purposes, bedrooms for a score of domestics, a laundry in which 5,000 pieces are washed each week, storerooms, sitting rooms for the attendants, and eight broad and spacious balconies, weather protected, and as comfortable as the wards. Every night last summer about sixty of the little patients slept all night in their cots and beds on these verandas. It was the great delight of the children to sleep in the open air, within the protecting awning that surrounded the balconies.

The youngsters enjoy fresh air from every balcony and the dreary tedium of hospital life is brightened by the view of Lake Ontario, with its moving craft of sail and steam.

During the summer months the cots and beds are moved every day from the wards to these balconies, and the fresh air and sunshine are material aids in the restoration to health.

The Lakeside is open from the first of June until the 30th of September. Every summer all the children of the Hospital on College Street are removed to The Lakeside, for there are cots and beds for 130 patients. In 1903 289 children were treated, while the average number in preceding years has been 200.

Over an acre of lawn surrounds the building, and all the little ones who are able to run

around use it as a playground. A pavilion and boathouse at the beach, a few hundred feet west of the building, front a bathing spot, and a couple of large boats are in daily use for the youngsters under nurses proficient in the handling of oars.

The Lakeside Home is not used exclusively for convalescents, but is a branch of the mother hospital for certain classes of medical and surgical cases, sent there either before or after operation, so as to be in the best condition.

Little patients usually spend six weeks at this Island Home, and are sent across the bay to College Street, and others take their places, so as to give all that require it the chance of a quicker and more complete recovery in the fresh air and breezes which sweep off the lake than they would have in the College Street building.

There is no prettier spot upon this Island, none more health-giving. It is ideal and picturesque. The great lawns, the flower beds and the entire surroundings are the admiration of the thousands who either visit it or pass the Home in their walks along the Island shore.

Every child has the maximum of attention. Two resident doctors are in constant attendance. Thirty nurses watch the cots and beds. The superintendent or assistant is always on duty. One of these officials is always at The Lakeside. The work is closely supervised by day and night, for the day nurses are relieved in the evening by a staff of night nurses, who keep vigil while the little ones are tucked away in their cots and beds.

Every child is weighed when it enters The Lakeside and before it is sent back to the city. The average increase in weight of each patient last summer was four pounds, which shows how beneficial the sojourn at the Home is to the little ones under its roof.



**THE LAKESIDE HOME FOR LITTLE CHILDREN TORONTO ISLAND, CANADA**



**THE BATHING PAVILION, LAKESIDE HOME.**

# Department of Army Nursing

**Dita H. Kinney**

Superintendent Army Nurse Corps

At the request of the commanding officer at Fort Bayard the number of nurses permanently assigned to duty there will be increased from 12 to 15. Some time since the Surgeon General fixed the length of a tour of duty at that hospital at one year, Nurses Clara E. Hughes and Mary V. Luons, having completed their term, have been transferred to San Francisco. They have been replaced by Misses M. Estelle Hine and Elizabeth F. McCormick, the former having had two years uninterrupted duty at the Presidio; the latter one year.

Nurse Edith L. Richmond, on duty a Fort Bayard, after four years of continuous duty, has requested to be ordered to her home for discharge. She will be replaced by Miss Mary C. Barker, who has been on duty for a year and a half at the Presidio.

The *Kilpatrick*, which left Manila March 26 for New York, via the Suez, arrived May 22. She brought five nurses, namely: Lucile E. S. Flick, Julia E. Woods, Lucy S. Kelly, Mary McKelvey, and Mrs. Marguerite Salter. All have had a long and most credit-

able term of service, and are entitled to discharge and the rest which all have requested except Miss Flick.

The appointments to fill the places made vacant by these discharges are:

Miss Elizabeth F. M. Chambers, graduate of the Massachusetts General Hospital, 1895, and the Boston Lying-In Hospital, 1896.

Mrs. Emma Louise Freiberg, graduate of the German Hospital of Chicago, 1899.

Miss Stella Smith, an old army nurse.

All are ordered to report for duty at the General Hospital, Presidio of San Francisco.

The latest information from Manila says that Nurses Mary E. Craig and Edith Young Griggs, recently from the United States, have reported at the First Reserve Hospital and are awaiting permanent assignment.

Nurses Anna B. Chamberlin, Josephine F. Keliher, Agnes McInnes, Helen G. O'Brien, Clara A. Verdin, Barbara Ziegler, Helen G. Hunt, Nelle Moore have all been assigned to permanent duty at the First Reserve.

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## Personals

Miss Lilian Reid, of the Lowell General Hospital, who was obliged to go to her home on account of the illness and death of her mother, will return to the hospital July 2 to finish her course.

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Each of the nurses at Levering Hospital, Hannibal, Mo., has planned to visit the World's Fair during her vacation.

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Mrs. L. W. Thurman, principal of training school, City Hospital, Cleveland, Ohio, will spend the months of July and August with relatives in Duluth, Minn.

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Miss M. A. Schultz, graduate of the Alma Sanitarium Training School for Nurses, class '94, left May 30 for Chicago, where she will take a post-graduate course

# The Diet Kitchen

Mary Caldwell

## GELATINE DESSERTS.

The making of gelatine desserts has become so simplified since gelatine has been a manufactured product, instead of the home product made from calves' feet, that it has lost its old foundation of being a serious business. The manufacturers use not only calves' feet but the bones, horns, hoofs and hides of many animals, extracting from them, under pressure, the gelatinous parts. The first product strained off is made into size and glue; the rest is purified by treatment with sulphuric acid. The bones of fish are also used, and a very pure kind called isinglass from the air bladder of the sturgeon.

It now takes a comparatively short time to make many dainty and delicious dishes as compared with the long process of making the old fashioned calf's foot jellies.

The readers of this magazine who wish to know how to make the calf's foot jelly will find an article upon it in the Diet Kitchen Department of the May, 1901, number, under the title "Calf's Foot Jelly."

When using the commercial gelatine it must always be soaked in some cold liquid first, then dissolved with heat, either liquid or dry, then sweetened, flavored, strained and chilled, the chilling taking the longest time, but as it can be put in a cold place and left, it is no tax upon the time of the maker; the only thing being to calculate time enough so as not to worry as to whether it will be "jelled" at the time needed for use.

## WINE JELLY.

Soak half a box of gelatine in one cup of cold water, dissolve it with three cups of boiling water, sweeten with from one to two cups of sugar, flavor with the grated rind of one lemon and one cup of sherry. Strain into molds and set away to harden.

## PRUNE PUDDING.

Put one layer of broken jelly into the bottom of a glass dish, then a layer of stewed prunes, from which the pits have been removed, then another layer of broken jelly; cover the top with whipped cream. Lemon jelly is used for this recipe; it is made the same as wine jelly, using one cup of lemon juice in place of the one cup of wine.

## COFFEE JELLY.

Soak one-fourth of a box of gelatine in one cup of cold water, dissolve with one and one half cups of boiling coffee, sweeten with one half cup of sugar, flavor with half a teaspoon of vanilla, strain into molds and set away to harden.

## VELVET CREAM.

Soak one fourth of a box of gelatine in one fourth of a cup of cold water and one fourth of a cup of sherry. Dissolve by setting the dish with the soaked gelatine in it in a bowl of boiling water, stir until the gelatine is melted, then add to it half a cup of sugar, one teaspoon of lemon juice and gradually one and one half cups of sweet cream, set the dish in a pan of ice water and beat until it begins to thicken and is about the consistency of molasses, then pour into molds and set on ice to harden. Serve with whipped cream.

## CREAM SPONGE.

Soak one fourth of a box of gelatine in half a cup of cold water, dissolve with a boiled custard made of the yolks of three eggs and three cups of milk, sweeten with three tablespoons of sugar, flavor with one teaspoon of vanilla and three tablespoons of sherry, then add the whites of the eggs beaten stiff, beat all well together, then pour into sherbet glasses and set on ice to harden.

**BEEF TEA JELLY.**

Soak half a box of gelatine in one cup of cold beef tea, dissolve it with two cups of boiling beef tea, sweeten with one cup of sugar and flavor with the juice of one lemon and one cup of sherry wine, pour into small glasses and set on ice to harden.

**BAVARIAN CREAM.**

Soak one fourth of a box of gelatine in half a cup of cold water, dissolve it with two cups of hot milk or cream, add the yolks of two eggs slightly beaten, half a cup of sugar and a salt spoon of salt, mix well and cook in a double boiler until the mixture coats the spoon, then cool it and add one cup of cream whipped and the whites of the two eggs beaten stiff, beat all well together, pour into molds and strain.

**CABINET PUDDING.**

Make a boiled custard of two cups of milk and the yolks of three eggs slightly beaten, one fourth cup of sugar, half a teaspoon butter, salt spoon of salt and a little grated nutmeg, the whites of the eggs beaten stiff and one teaspoon vanilla flavoring, which should be added after the custard is cool and thoroughly beaten into the mixture. Pour this custard while hot over one tablespoon of gelatine which has been soaked in three tablespoons of water, flavor with one tablespoon of brandy or sherry. Fill a mold in layers with candied fruit, such as cherries, angelica, orange peel and shredded almonds, currants and raisins; then a layer of lady fingers, then a layer of the custard mixture. Serve very cold with whipped cream.

**Married**

Miss Susie F. Saunders, captain of Camp Roosevelt, S.-A. W. N., was married to Mr. Fred Adams, of New York, on June 27, at the residence of Mr. Stephen Brown, Hawthorn Avenue, East Orange, N. J.

Mr. Max Anderson Rouse and Miss Tiddy (Lora) Alloway, of Louisville, Ky., were quietly married June 9, 1904. Mrs. Rouse is a graduate of the City Hospital Training School, Louisville, class of '93.

Miss Grace Gaghan, graduate of the Connecticut Training School for Nurses, class of 1903, was married at St. Joseph's Catholic Church, Winsted, Conn., June 15, to Dr. Francis P. Henry, of New Haven, Conn. Dr. and Mrs. Henry will reside in New Haven.

The marriage of Miss Adelyn Fiske Brown to Dr. William Tweedy Gettman was quietly celebrated at the Red Jacket flats, Buffalo, N. Y., in the presence of relatives and friends. The ceremony was performed by the Rev. George B. Richards, rector of the Church of the Ascension. The bride was attired in *cr pe de Paris* green silk,

with white broadcloth trimmings, and was attended by Miss Frances Gettman. Mr. Charles Brown was the groom's attendant. The wedding march was played by Harry W. Hill, organist of the Church of the Ascension. The rooms were decorated with American Beauty roses and palms.

After a short wedding trip Dr. and Mrs. Gettman will be at home at No. 164 North Street.

Mrs. Gettman is a graduate of the Buffalo General Hospital.

**Personal**

At a meeting of the board managers of the Germantown (Pa.) Hospital, Margaret G. Fay, superintendent of the John Sealy Hospital, of Galveston, Tex., was elected to succeed Miss Maude Vaughan as head nurse of the Germantown institution. Miss Fay comes with high recommendations from the University Hospital, which she left eighteen months ago to take the position in Galveston.

Miss Gertrude Gerhard, late of the Philadelphia Municipal Hospital, has charge of the Mahonoy Isolation Hospital.

# Editorially Speaking

## THE TWO SIDES OF THE QUESTION

Those members of the Associated Alumnae who were interested in the purchase of a journal, are keenly disappointed at the outcome of the matter at the recent convention of the association in Philadelphia, Pa. They feel that the association has been used as the means to an end, but has had neither vote nor voice, and its only choice the acceptance of a proposition beset with difficulties almost insurmountable. We can appreciate the situation from their point of view, and can sympathize with their disappointment.

At the same time we do not feel that the members who opposed the purchase are open to adverse criticism. It must be borne in mind that from the beginning the individual members of the association have shown very little interest in the enterprise. It will be remembered that when the subject was first exploited, circulars were sent to all members in order to get an expression of approval or disapproval. In order to accomplish this, the circular stated that if a given number of subscriptions were received by a certain date, it would be taken as sufficient encouragement to go on, but if not, it would be understood the matter would be dropped. From a subsequent report we learn that the encouragement received from the members was *not sufficient*, but in spite of this, "some of us" determined to launch the enterprise. Thus it will be seen that it was not the action of the majority of the members of the Associated Alumnae, but of individuals, represented by "some of us." Whether this was two or twenty was not stated.

At the Congress at Buffalo, and at the meetings of the Association which have been held since, it has been stated over and over again that the individual members were giving very slight support. Just previous to

the meeting in Philadelphia, the following published statement appeared: "*Only a comparatively small proportion of the alumnae members are sufficiently interested in the magazine to subscribe.*"

In view of this knowledge, was it not unreasonable to expect the organization to pledge itself to assume a large obligation, which did not have even the excuse of a good business investment to recommend it, and of the *true inwardness of which it knew absolutely nothing*. If, on the other hand, it is not to be considered from a business standpoint but as a matter of sentiment, then should not the sentiment, like charity, begin at home? Should not the first interest be the school alumnae? Has a school alumnae any moral right to take the money intended for the use of its members for uncertain investment? Has it any moral right to lock up that money where it could not be had at short notice, should necessity or emergency arise? Of what use would the \$3 or \$4 interest be, if the emergency demanded the \$100? Should the school alumnae give up its hope of an endowed bed, its sick benefit fund and other objects for which it was organized, in order to promote a scheme which has no positive guarantee, and which will always be liable to many vicissitudes? Has it any right to put itself in position where it would be called upon to help meet deficits which would so tax its resources as to not only cripple its usefulness, but might eventually destroy it. We believe the logical answer is no.

Yet when we turn again to the other side of the question, we find much justice in the statement that every sense of right and honesty demands alumnae ownership, and that it is a matter of keeping faith; for in order to advance the interests of the enterprise, not only has the impression been given, but the

positive statement made, that the society owned the publication. If, then, this ownership must be accomplished, it should be without jeopardizing the interests of the school alumnæ, and we believe this would be easy of accomplishment, if approached in a businesslike manner, with business methods.

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#### LEGISLATION FOR NURSES IN LOUISIANA

The course of legislation for nurses is not running smoothly in the State of Louisiana. An opposition emanating from trained nurses of New Orleans has developed against the bill pending before the General Assembly. For weeks past those in opposition to the bill have been organizing, until now a large number of nurses representing the alumnæ associations of the city have arrayed themselves in open opposition to the bill. Various meetings were held, culminating in a rally of trained nurses. Meetings have also been held by those representing the State association.

To those nurses who are accustomed to attend meetings and never raise a voice in protest, who accept every proposition or statement that is set before them without question, who never express an opinion, except *out of meeting*, the spirit shown by these women of the South must be a revelation and an example. No matter with which side we agree, or any question of right or wrong, it must be a gratification to all interested in the profession to know that somewhere there are nurses with opinions which they are not afraid to express and who are not willing to have all their thinking done for them.

The Louisiana bill is planned on that of the Maryland bill, which was published some months ago in *THE TRAINED NURSE*. At the rally held May 19, the bill was read section by section and the objections very forcibly stated. The clause calling for appointment by the Governor of the State of a board of five examiners, to be chosen from a list of names presented by the State association was

bitterly opposed, on the ground that this was bringing the trained nurse into politics. According to the bill the board of examiners shall examine all applicants for registration under this act, to determine their fitness and ability to give efficient care to the sick. The nurses considered it a reflection upon the schools from which they graduated and upon the eminent faculties of physicians who had signed their diplomas. They declared that the nurse did not come under the same category as the physician. Her diploma was signed by a faculty of physicians, not by a faculty of nurses. Now, after having passed satisfactorily the examination prescribed by these physicians ere receiving her diploma, is she to underrate that diploma by passing an examination before the State Board of Nurses? The nurses also objected as a whole to being under the control of a board of women nurses.

They made a serious attack on section 2, where it is stated that the board of examiners is authorized to "frame such laws as may be necessary to govern its proceedings," and that which authorized the board to cause the prosecution of any such persons violating any of the provisions of the act. They declared that they would not be governed by laws in the making of which the great body of nurses could have no voice. This was most serious. The board of five could fix the prices, make arbitrary rules, fix hours, etc., and the freedom of the nurse, her usefulness as a humanitarian, would be at an end.

Again they declared they did not make sufficient money to pay the expenses of a board at \$5 a day, with no specified time of service, or to pay traveling expenses, secretary's salary, etc., and "all legitimate and necessary expenses of the board." All these expenses are to be paid by fees, and not out of the State treasury.

Section 4 came in for a full share of the condemnation. The idea, they declared, of requiring the nurse to be of good moral character! The nurse is required, before entering



the training school to show that her moral character is good. It is certainly to be hoped that it has not deteriorated by being in the training school to such an extent that she must vouch for it again, just after graduation, before the State Board of Nurses.

Section 6, declaring that this bill did not apply to gratuitous nursing of the sick by friends or by members of the family, was ridiculed. How could any State organization control the nursing of sick by friends or members of their families? The idea was autocratic, and aimed at the basis of American society, the home. Is the nurse to imagine that she can control the home and home nursing? they declared.

As to the fine of \$500, they simply laughed, and said that the framers of the bill ought to have added, "or thirty days," because it is to be doubted whether any nurse could ever raise \$500 at a time for necessary expenses, much less payment of a fine.

And lastly, section 8, declaring that the "State Board of Examiners of Graduate Nurses may revoke any certificate for *sufficient cause*," evoked a heated discussion. "What was meant by sufficient cause?" asked one nurse. "Should a body of five women be empowered by the State to revoke upon such a vague expression the certificate of the honorable and noble profession given by schools of such standing as the Charity Hospital, the Touro Infirmary and the New Or-

leans Sanitarium? Could the just legislators of this State sanction such an arbitrary measure, conferring such power upon five women, a power which enabled them to take away the honorable method of livelihood of women who had passed through institutions of highest repute, and who, for any reason that the Board might construe into a '*sufficient cause*,' might be degraded before their profession and deprived of their diplomas?"

Another nurse said: "Our diplomas are too honorable and valued documents and our personalities are too precious for us to place at the disposition of any body of women or any State body upon such vague ruling as '*sufficient cause*.'" It was decided that a protest be sent to the Legislature.

It will be of interest to note that the objections set forth by the New Orleans nurses in regard to the examining board were brought forward by the opposition to the New York bill. In the case of New York, the opposition had neither organization nor money and, being over-confident of success, relaxed vigilance at the wrong time. The bill was passed with almost unlimited powers vested in the board of examiners. It will be of further interest to note that at present a large number of nurses are panic stricken and demoralized at the result of the practical working of this law, and are rebelling most strenuously against the rules and regulations as formulated by these modern Minervas.

### Personal

Miss Patton, late superintendent of nurses, City and County Hospital, San Francisco, has just returned after an extended tour of the Continent, England, Scotland, Ireland, the Eastern States, and Chicago, visiting all hospitals of importance. Miss Patton has taken the A. Miles Taylor Sanitarium, which henceforth will be

known as the Mary Patton Hospital and Training School for Nurses. Miss Vera Pettit, graduate of the German Hospital, New York, is in charge as superintendent of nurses.

Miss Elizabeth C. Moore, of Philadelphia Medico-Chirurgical, has returned from an enjoyable trip to the St. Louis Fair.

# In the Nursing World

There is no charge for the publication of news items and reports in this department

## **Maine General Hospital Nurses' A. A.**

At invitation of the undergraduates of the Maine General Hospital, Portland, the nurses' alumnae association held its regular May meeting at the Nurses' Home, Wednesday, May 24, the superintendent's rooms, halls and reception room being very prettily decorated in honor of the event.

After the business meeting was held, dainty refreshments were served, and the evening passed very quickly with a brief program of music and cards.

## **Annual Reunion and Banquet**

The annual reunion and banquet of the New Jersey Training School for Nurses was held in the County Medical Society Rooms, 725-727 Federal Street, Camden, N. J., on Thursday evening, June 2, 1904.

The association attendance was very good and the nurses and the guests were seated at the banquet table arranged to form a Maltese cross and decorated with scarlet and white, the association's colors, and scarlet and white carnations and daisies. An enjoyable program of vocal and instrumental music was rendered by a number of the guests. The menu, an elaborate one, was served by George J. Hemmer. Committee on arrangements consisted of M. D. Wrifford, H. J. Brown, A. E. Kimper and A. E. Whitlock.

## **Brooklyn Hospital Alumnae Association**

The regular monthly meeting of the Brooklyn Hospital Alumnae was held Tuesday, May 3, at 3.30 P. M. The president being absent, the meeting was called to order by the vice-president, Miss Monteith. Twenty-five members were present.

After treasurer's and secretary's reports were approved, a very full and interesting report of the convention of the New York State Nurses' Association, which was held in Albany, April 19, was given by Miss Monteith, who represented our society.

The important question of the Associated Alumnae owning the journal was then discussed, our alumnae voting to purchase a share in said journal if it be decided in Philadelphia that the Alumnae Association should purchase the balance of the stock.

The question of the endowment fund was discussed and it was decided to extend time for raising the money to January 1, 1905. The meeting was then adjourned.

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## **Cleveland City Hospital**

The following is the report of the training school for the year 1903-04:

Applicants for training have numbered 93; of this number 28 were accepted; 5 leaving during probationary period; 4 were physically incapacitated; 4 discharged; also 2 juniors and 1 senior discharged for insubordination.

Remaining: 4 supervisors, with 35 pupils.

Seven of our staff physicians have given four to six lectures each during the winter; weekly lectures, classes and quiz have been conducted by the principal. Pupils have had practical training in the medical, surgical, gynecological, obstetrical, children's, contagious and tuberculosis wards, average daily patients numbering 250.

The last of the two-year pupils complete their course in September next, making 73 graduates since the organization of the school in 1896.

Respectfully submitted,

MRS. L. W. THURMAN,  
Principal of Training School.

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## **Williamsport Hospital Nurses' A. A.**

The annual meeting of the alumnae of the Williamsport Hospital Training School for Nurses was held at the Nurses' Home, Wednesday, May 25, at 3 P. M. Officers for the ensuing year were elected as follows: President, Miss Melaney; vice-president, Miss Hayes; secretary, Miss Smeely; corresponding secretary, Miss Rodeky; treasurer, Miss Petit.

ELIZABETH VANCE RODEKY, Cor. Sec.

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## **Woman's Hospital Nurses' Alumnae Association**

The regular monthly meeting of the alumnae of the Woman's Hospital Training School, Philadelphia, was held at the Woman's Hospital, June 8, 1904.

The meeting was called to order by the president, Miss Peters. Seventeen members were present and the names of Miss Mary E. Ball and Miss Laura O. Dickinson were proposed for membership. An interesting discussion was held



SENIORS, JUNIORS, SUB-JUNIORS AND MRS. L. W. THURMAN, PRINCIPAL, TRAINING SCHOOL, CITY HOSPITAL, CLEVELAND OHIO.

on the advisability of having a directory at the Woman's Hospital, for the benefit of its graduate nurses. A committee was appointed to confer with the managers on this subject.

We were pleased to learn that the Woman's Hospital Training School is now sending their third-year pupil nurses to the General Hospital, Coatesville, Pa., for two months' experience in emergency work.

After the meeting adjourned the members were entertained by Dr. Seabrooke, physician in charge, whose interest in our alumnae is very much appreciated. JANE LOVE, Rec. Sec.



#### Atlantic City Hospital Nurses

The graduating exercises of the Atlantic City Hospital Training School were held on May 31 in the auditorium of the high school, six nurses receiving diplomas. The graduates are:

Miss E. D. Allen, Atlantic City, N. J.; Miss M. G. Colesbroke, Oakland, Cal.; Miss H. A. W. Marter, Moorestown, N. J.; Mrs. M. A. McGoey, Canada; Miss M. B. Plunkett, Canada; Miss F. Burke, Canada.

A very interesting program was rendered, consisting of music, songs, readings, etc. Addresses were made by the Hon. E. A. Higbee, and the Rev. Dr. Mitchell. The Hon. F. V. Stoy presented the nurses with their diplomas and graduation pins.



#### Cincinnati Hospital Notes

The nurses of the Cincinnati Hospital moved in the second week of June to their new home on Hopkins Street.

The nurses, on account of the increased number, have felt at times rather crowded in their rooms, but this difficulty is now to be removed. Hospital authorities have purchased a double flat of four stories, which is to be used by the nurses. The lower floor is to be fitted up with a library and two reception rooms. The matron and several nurses will occupy the remainder of the rooms on this floor. The second and third floors are to be occupied by day nurses, the fourth floor by the night nurses.

All the nurses are pleased with the idea and are sure they can make a very happy home.

On account of the crowded condition of our colored medical and surgical ward, a new ward has been opened for the medical cases. A pupil head nurse and two assistants have been put in charge.

The month of May has been a happy month for the nurses of the Cincinnati Hospital. About twenty-four nurses have their returns from the spring examination and have been permitted to don their senior and graduating caps. We trust that we may prove worthy of them.



#### Iowa State Association of Graduate Nurses

The first annual meeting of the Iowa State Association of Graduate Nurses was held in the Science Hall, corner Seventh and Brady Streets, Davenport, Iowa, on June 1 and 2, 1904. Twenty nurses from different parts of the State were present. Over forty new members were voted in so that the total membership now is in the neighborhood of one hundred.

Section 2 of Article II. was amended.

##### INDIVIDUALS.

Individual nurses residing in Iowa or practising in Iowa, who have graduated from general hospitals giving a course of training of two years or more, shall be eligible for membership as provided in the by-laws.

The meeting was called to order by the president, Miss Campbell, of Des Moines.

Program of the evening included address of welcome by Dr. Allen, president of the Scott County Medical Society. An interesting report of the legislative committee was given by Miss Morton, of Des Moines. The nurses are endeavoring in every possible manner to further the passage of the bill. Several interesting papers were read by members of the association. Cedar Rapids was selected for the next annual meeting, to be held May 31 and June 1, 1905. Officers were elected for the ensuing year, with Miss Campbell as president.

A banquet was given the visiting nurses at the Outing Club by the resident nurses.



#### Homeopathic Hospital Nurses

At the Academy of Music, Reading, Pa., the eighth commencement exercises of the Reading Homeopathic Hospital were held in the presence of a large number of friends and invited guests.

On the stage, which was beautifully decorated with tropical plants and roses, were the graduate nurses occupying the front seats, Miss Will, Miss Seitzinger and Miss Moyer. Back of them were the student nurses and a number of the former graduates. Mr. C. H. Ruhl presided and introduced the speakers. First was Dr. Herbert L. Northrop, professor of anatomy, associate professor of surgery and director of surgical clinics of the Hahnemann Medical College and Hospi-

tal, Philadelphia, Pa. He gave a very practical talk to the nurses on the treatment of various cases and how to make a success of their profession. He said that good nurses were both born and made. "Show me a truly successful nurse and I will show you a womanly woman. A good nurse is a woman of sweet disposition, amiable temper, of inexhaustible patience, one whose life and work are bright with the effulgent rays of silent, unostentatious deeds of kindness, and now add to these inherent qualifications the advantages of a thorough systematic training under experienced teachers, then we have a nurse who is worthy of the confidence to be reposed in her by physicians and patient, one who is worthy to assume the nervous responsibilities of the sickroom. These are some of the qualifications necessary to the success of the trained nurse."

Rev. B. T. Callen, pastor of St. Peter's M. E. Church, of Reading, was the next speaker. He said: "Commencement means to the graduating nurse much the same as it means to graduates in other lines of study, viz., the ending of the curriculum of study and the beginning of the practise of that which has been learned. The nurse, however, has some advantages over most students, in this, that she has been permitted to put into practise much that she has learned from day to day in her work in the hospital.

"But I would speak of the bright side of the nurse's life. Hers is a profession of deserved honor and of splendid opportunity, measured by the standard of greatness given us by our adorable Lord. We may place it among the highest of all professions. You well remember that He said, 'Whosoever of you will be the chiefest shall be servant of all, for even the Son of Man came not to be ministered unto but to minister and to give His life a ransom for many.' More and more the world is coming to realize that he serves God best who serves his creatures. She only will succeed who loves the work and finds real pleasure in ministering to suffering humanity. To the suffering one she is a heavenly benediction, to the sadness and forboding of the sickroom she is as sunlight from the skies. To the anxious and troubled household she is an angel of mercy. When she has gone from that home her instinctive sense of propriety will cause her to regard the family life of that home as sacred. She is too high and noble of character to stoop to tale-bearing and gossip."

I should like to publish all of the above address but am afraid you would not permit it.

The diplomas were presented to the graduates

by Mr. C. H. Ruhl, president of the Board of Trustees, after a very pleasing talk to the nurses. Also the class pins.

The music was given by the Schumann Concert Company.

The commencement was one of the most successful held for years. A very delightful reception was given by the graduate nurses at the hospital from 8 to 10 P. M. to their friends.

The corridors of the hospital were trimmed with tropical plants, ferns and roses.

E. R. SNYDER.



### Ohio Sanatorium Company Nurses

The graduates of the Ohio Sanatorium Co. Training School for Nurses met at the Dr. C. E. Sawyer Sanatorium, Marion, Ohio, June 2, and organized an alumnae association. Dr. Sawyer addressed the young ladies, urging them "to be ever students and help build each by the various experiences their different paths through them." Miss Lenore F. E. Loisel was appointed chairman of the meeting.

A constitution was adopted, after which officers were chosen by ballot: President, Miss Helen Wommelsdorf, Cleveland, Ohio; vice-president, Miss Lilly Meyer, Sandusky, Ohio; secretary and treasurer, Miss Emma E. Belt, Columbus, Ohio. Program Committee: Miss Lenore F. E. Loisel, superintendent of O. S. C. Training School for Nurses, with Miss Dorothy Vaughn, matron Mt. Airy Hospital, Massillon, Ohio, and Miss Bertha Rowland, head nurse of Park View Sanatorium.

After business meeting, horses and surreys were at disposal for a drive. A sumptuous dinner was served at six o'clock amid smilax and carnations, at the Sanatorium. A concert of both vocal and instrumental music, from eight to ten o'clock, in the parlors, closed the day's program.

The annual alumnae day will be observed each year on the first Thursday of June at the same institution.

The Ohio Sanatorium Co. operate the Dr. C. E. Sawyer Sanatorium, Marion, and the Park View Sanatorium, Columbus, giving their students a wide field of experience in both chronic and acute cases of all forms, surgical and orthopedics, also a thorough course in electro and hydrotherapy, and that which grows more and more essential to the modern nurse, massage. Owing to the increase of patronage at the institutions, there are vacancies in the school waiting for young women desirous of following the profession of nursing.

### Memphis City Hospital Nurses

The Memphis City Hospital Training School for Nurses held its commencement exercises and reception to class at the hospital on Thursday evening, June 2. The class of 1904 is composed of the following young women: Alice Dorothea Graham, Kate Eugenia Halley, Audrey Alberta Morgan, Flora Leone Haskin, Goldie De Nella Gline.

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### Nichols Memorial Hospital Nurses

The graduate nurses of Nichols Memorial Hospital met in the nurses' parlor of that institution on the afternoon of May 19, and formed an organization to be called the Nichols Hospital Graduate Nurses' Association. Officers elected for coming year: President, Mrs. E. Barker; vice-president, Miss S. A. Gourlay; secretary, Miss Chara Waner; treasurer, Miss S. A. Vail.

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### Western Pennsylvania Hospital Nurses

A class consisting of seventeen young women were graduated June 2 from the Nurses' Training School of the Western Pennsylvania Hospital. Judge Joseph Buffington presented the diplomas, Dr. P. J. Eaton presented the badges, and Miss Kate C. McKnight addressed the graduating class. The members of the class were: Sarah M. Wilson, Caroline Onslaer, Ethel A. Jickling, Bertha Anchors, Clara Maud Ruffner, Stella K. Oberhelman, Angeline McCray, Jane McClelland, Jean B. Crosser, Anna M. Shomborg, Nora Mildred Seides, Marie Fitzimons, Elna F. Smiten, Jessie Purdy, Myrtle Stutchell, Vivian O. Wheelock and Evalyn Anderson.

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### W. C. A. Hospital Nurses

The graduating exercises of the nurses' training class of the W. C. A. Hospital, Jamestown, N. Y., were held in the parlors of the First Presbyterian Church, Thursday evening, June 2, the parlors being filled and the audience overflowing into the small rooms adjoining. The class was composed of Mrs. M. B. Williams, Misses Elizabeth Sharpe, Lillian E. Baskin, Ida R. Shuttleworth, Wilhelmina B. Carruthers, Florence E. Gunn and Alice T. McCartney.

The formal exercises opened at eight o'clock, Dr. J. W. Morris presiding. The first number was a vocal quartet by male voices, followed with an invocation by Rev. Dr. Albert L. Smalley, pastor of the First Congregational Church. Miss Christina McK. Hall, superintendent of the hos-

pital, gave her report of the training school work, in which she paid the following tribute to her graduates:

"When I tell you that the seven young ladies of this graduating class, with their colleagues, have cared for 900 patients, day and night, Sunday and week day, I am sure you will agree with me that they have earned their class pin and its inscription of 'Never Unprepared.' They have cheerfully and pleasantly gone forth many times at night to supply calls for assistance at the homes of the unfortunate. In supplying these calls I have many times felt that the pupils received as much or more than they gave; their sympathies were broadened; their minds became more active; their hands more willing to do with their might what they found to do.

"Two years ago when the hospital was quarantined not a nurse showed the slightest desire to shirk her full share of duty, and when one of their own number was stricken there was not a question of who was willing to care for her, but the question did arise as to who would have the opportunity; all were willing and ready. Miss Luce, our able and efficient assistant, was the one chosen in this emergency, and her answer was clear and true. Personally I would take this opportunity of thanking the board of health for its kindness at that trying time."

Miss Lillian E. Baskin represented the class in the preparation and reading of an essay, her subject being "Surgery as a Nurse Sees It."

Following Miss Baskin's essay Miss Helen N. Clark delighted the audience with a vocal solo, after which Dr. Laban Hazeltine addressed the president of the W. C. A. in presenting the class and asking for their diplomas.

In presenting the diplomas to the graduates Miss Cowles, the president of the association, spoke of the noble work in which they were engaged, and congratulated the members upon finishing their course of study and passing their severe examinations in such a creditable manner.

The address to the graduates was given by Dr. V. D. Bozovsky, of Dunkirk, who spoke in a most practical vein, giving advice to the members of the class and making suggestions to the public that could not fail of interest and benefit.

Following the address Mrs. C. C. Burch represented Mrs. D. H. Post, chairman of the board of managers of the hospital, in presenting badges to the graduates, and the formal exercises were closed with a song by the nurses of the training school and the benediction by Rev. Dr. W. J. Ford of the First Baptist Church.

### National Homeopathic Hospital Nurses

The tenth annual commencement exercises of the National Homeopathic Hospital Training School for Nurses were held May 24, at the New Willard Hotel, Washington, D. C. The graduating class included five young women. The exercises were opened with a prayer by Rev. J. G. Butler, D.D., which was followed by an address by Commissioner West.

The Commissioner told the graduates that the trained nurse is the evolution of the humanitarian development of the age, and of the necessity which compelled gentle and well-born women to seek employment in this workaday world. Mr. West paid a high tribute to the women who with such sacrifices take up the noble calling of nursing, and gave it as his belief that the nurses had done much for the upliftment of the world.

The diplomas were then presented to the graduates by Dr. William R. King, vice-president of the National Homeopathic Hospital Association, and the address to the graduates was made by Dr. Reginald Munson. The graduates were Misses Lulu J. Barr, Margaret Elizabeth Reamy, Florence Mabel Kech Yule, Amalie Pollei and Helen Blanche Wilcox.



### Jewish Hospital Nurses

The graduating exercises of the training school of the Jewish Hospital of Philadelphia, were held on Monday, May 30, at 4 P. M., in a tent on the hospital grounds. Addresses were made by Dr. J. Schamberg, a member of the staff, Mr. Jos. Greenwald, chairman of the training school committee, and the yearly report of the school was read by the chief nurse, Miss Louer. The diplomas and medal were awarded by the president of the association, Mr. William B. Hackenburg. The graduating class consists of the following nurses: Miss Sarah D. Poindexter, Miss Bessie Goldberg, Miss Carrie Pollock. An informal reception was held after the exercises in the nurses' home, which was largely attended by the nurses' friends and older graduates of the school.

CARRIE S. LOUER, Chief Nurse.



### Nursing Notes from Connecticut

The commencement exercises of the Connecticut Training School for Nurses were held in Gifford Chapel at the New Haven Hospital, Wednesday evening, June 1, at eight o'clock. The chapel was beautifully decorated with flags, bunting, palms and ferns. A large table was loaded with beautiful bouquets of roses, carnations and sweet peas from friends of the graduates. One

of the handsomest, a bouquet of pink roses, was presented by the class to Miss Emma L. Stowe, superintendent of nurses, with the words, "The noble purposes you have implanted will ever bloom in our hearts." Following is the list of graduates: Hannah Bernice Ballentine, Eloise Hines Bunnell, Catherine Agnes Campbell, Kate Farrington Fuller, Jessie Elva Hollister, Annie Elizabeth Kinnere, Janet Bates McLaurin, Amy Musser Ritter, Ida May Schmidt, Anna Elizabeth Karl, Louise Stevenson and Lilla Ursula White.

The program opened with a march by the orchestra, during which fifty-two nurses marched in and took seats on the platform.

Rev. Charles Ray Palmer, D.D., presided. Dr. L. C. Sanford delivered a fine practical address to the class.

The class history by Miss H. B. Ballentine was a prophecy of many good things to come to her classmates.

Mrs. William H. Fairchild then called the names of the graduates, and the young ladies in twos marched to the front, and Mrs. Richards handed them their diplomas.

The farewell poem by Miss J. B. McLaurin was read. She complimented all the faculty, gave Mr. Starkweather, late superintendent of the hospital, and Miss Stowe and Mrs. Smith, superintendent and assistant superintendent of the training school, heartfelt thanks and ended by giving good advice to the class.

A social followed in the parlors of the nurses' home, where congratulations were heard on all sides.



The annual meeting of the alumnae association of the Connecticut Training School for Nurses was held at Mansfield's Grove, Tuesday, June 7.

The meeting was called to order by Mrs. Bergh, the president, at 3 P. M. There were twenty members present. Mrs. Wilcox, the secretary, read the minutes of the last meeting, which were approved. Treasurer's report was read and accepted.

The following officers were elected for the ensuing year: Mrs. Jennie L. Bergh, president; Mrs. M. J. C. Smith, first vice-president; Miss R. Atwater, second vice-president; Mrs. Sarah Fleischner, treasurer; Mrs. I. A. Wilcox, secretary.

Mrs. Wilcox, delegate to the convention of the Associated Alumnae, read a very interesting report.

There was \$85 pledged to the endowment fund,

making a total of \$125 to date. The meeting then adjourned and the members all sat down to a delightful shore dinner.

Among those present were Mrs. L. W. Quintard, a former superintendent of the school; Miss Emma L. Stowe, the present superintendent of the school, and Miss R. H. Bailey, a graduate of the class of '75. Although Miss Bailey has been a member of the association the past twelve years, she has not been able to attend many of the meetings.

A number of New Haven women, acting upon the advice of the Medical Association, have become incorporated to inaugurate a Visiting Nurses' Association. They desire to raise an endowment fund of \$25,000.00, the income from which will furnish the salary and necessary supplies of one nurse. Nearly \$8,000.00 has already been raised.

The first nurse is to be known as the "Sarah J. Hume Nurse," in memory of the beloved city missionary whose faithful service in the homes of the poor will thus be perpetuated.

The officers are: Miss Lillian E. Prudden, president; Mrs. Thomas G. Bennett, vice-president; Mrs. G. A. Harmount, secretary; Mrs. Albert S. Holt, treasurer.

The meeting of the Graduate Nurses' State Association of Connecticut was held at Memorial Hall, 36 Jefferson Street, Hartford, May 28, beginning at 10 A. M. The work of organizing a State association was begun in New Haven February 17, 1904. In the absence of Mrs. Martha J. C. Smith, chairman of the association, Mrs. Anna M. Lockerty, of New Haven, was appointed chairman, Miss E. L. Foelker, of Bridgeport, secretary. The Rev. C. H. Twitchell, of Hartford, pronounced the invocation. Dr. Kennister, superintendent of the Hartford Hospital, followed with a short address welcoming the nurses and wishing them every success. The remainder of the morning was devoted to the adoption of by-laws for the association, adjourning at twelve o'clock. The out-of-town delegates were then taken on a tour of inspection through the Hartford Hospital. The Hartford Hospital Alumnae Association served a dainty and attractive luncheon in the nurses' home.

The afternoon session was opened at three o'clock by the Rev. M. Miell, of Hartford.

The balloting for officers followed, resulting thus: President, Mrs. Mary D. Fuller, Hartford; first vice-president, Miss H. M. Jones,

Hartford; second vice-president, Miss Katherine Fenn, New Haven; corresponding secretary, Miss E. L. Foelker, Bridgeport; recording secretary, Mrs. Belle Wilcox, New Haven; treasurer, Mrs. Martha J. C. Smith, New Haven.

Miss Linda Richards addressed the meeting.

Resolutions passed thanking committees, etc.

Adjourned to meet in Bridgeport, September 14.  
E. L. FOELKER, Cor. Secretary.



### Nursing Notes from Louisiana

The executive committee of the Louisiana State Trained Nurses' Association met May 25, with Miss Katherine Dent, vice-president, presiding, and the following statement of the association's position was given out:

"In March of this year the following circular letter was issued to as many nurses in the State of Louisiana as could be reached, at least 145, saying:

"It is desired to form a State association of graduate nurses in good standing, to promote the interest of the profession, to raise the standard of nursing, and for mutual protection.

"Will you give your aid and influence for such movement, which is one of the paramount issues in the nursing world to-day?"

"As a result, thirty-three nurses met and thirty-two others sent by letter and otherwise their indorsement of the movement, and a request for a charter membership. Sixty-two of these were graduates of Louisiana schools and three were graduates from other States.

"The association formed was duly incorporated under laws of the State of Louisiana as the Louisiana State Nurses' Association.

"On April 21 another letter was issued stating the progress of the work and that a bill was being prepared to go before the present General Assembly asking for State registration for nurses, and that a meeting would be held April 28 to discuss the proposed bill.

"This letter was also sent to all nurses in the State that it was possible to reach. In the meanwhile sixteen more nurses applied for admission and were accepted as members, all but one of them being graduates of Louisiana schools for nurses.

"At the time of this organization of the association it was felt by some that the time was not opportune to present a bill to the present Assembly. However, we were urged to make an effort to do so.

"We feel that we have been fair and honorable



in our proceedings; that we have given every opportunity to the public or the profession to express their views adverse or favorable. No bill can be read to mean other than what is stated in the provisions of such act, and a careful reading of this bill, and especially of Section 5, which provides that graduates of Louisiana Training Schools or other graduates now practising in the State may register without examination up to March 1, 1905, shows for itself that no injustice is done to nurses now in the profession.

"We feel that the bill having gone to the General Assembly, it is for them to decide as to its merits or demerits."

At a meeting of the opposition held May 26, resolutions were adopted condemning the proposed bill before the Legislature establishing a State board for the regulation of the profession of nurses. The following committee was appointed to go to Baton Rouge and protest against the bill: Miss Glidewell and Miss Bethancourt, of Touro Infirmary; Miss Cotter, Miss Hartwig and Miss McKee, of the Charity Hospital; Miss Fairish and Miss Harrison, of the New Orleans Sanitarium.

All present were outspoken in their condemnation. It was shown clearly that the nurses present and those represented by proxy did not want any State interference with their affairs. Representatives were present either in person or by proxy from Touro Infirmary, New Orleans Sanitarium, Charity Hospital, Hotel Dieu and a number of individual nurses. Protests were also handed in from the graduating classes of Charity Hospital and Hotel Dieu.

Miss F. M. Quaife, president of the Louisiana Trained Nurses' Association, has formally tendered her resignation as president.

It is stated that Miss Quaife considers the bill premature, and instead of proving a benefit to the association will only retard its growth by creating antagonism among the members.

For eight years Miss Quaife has been superintendent of the Touro Infirmary and her experience has covered a wide range in the profession, and her attitude in this matter will have great weight with the nurses.

At the meeting of the opposition, Miss Cotter, of the Charity Hospital, made reply to the statement of the Executive Board of the State Association as follows:

"It is quite true that letters were sent to all the

nurses stating that it was desired to form a State Association of Nurses. Almost simultaneously with the reception of the letter the nurses were individually interviewed by a member of the committee calling the meeting, and sounded as to her views of the proposed organization and the bill for the State registration of nurses. A majority of the nurses expressed their disapproval of the proposed bill. Every nurse who raised a dissenting voice was requested to keep away from the meeting, as her presence would antagonize the purposes for which it was being organized. The association held its meetings behind closed doors, even the press being excluded. It was impossible for the great majority of nurses who were opposed to the movement to have any opportunity of expressing their views. The association went ahead and framed a bill to govern this majority and we only heard of it in a vague, far-off way. It was impossible for any one who was opposed to the movement to obtain a copy of this bill. We tried time and again and were unsuccessful. The first insight we got into its provisions was in the Times-Democrat of May 16, when, under the caption "Trained Nurses' Registration Bill Generally Approved," members of the Board of Administrators of the Charity Hospital expressed their views upon it. Even then, when we knew that the public was being misled into the belief that there was no opposition to the bill, it was impossible for us to obtain a copy. Finally we succeeded in getting one. A nurse who had attended the meetings of the so-called State association, and who was not satisfied with its proceedings, resigned and joined our party. She showed us the bill, to which she materially objected, and with this document in our hands, and knowing that over two-thirds of the nurses of the State were opposed to this State registration or State legislation as expressed in a bill which struck at our calling, and at the very basis of the humanitarian work for which we had taken up the profession, we called a meeting of nurses, with the result that this magnificent opposition party has developed; and with nothing to fear, and nothing to hide in our proceedings, we invite public criticism and public support in our effort to defeat this movement, which means the creation of a monopoly of nurses under State protection."

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#### The North Carolina State Nurses' Association

The North Carolina State Nurses' Association held its second annual meeting in Raleigh on the 26th and 27th of May.

The attendance was very gratifying, and a number of new members were admitted. The welcome exercises were opened with prayer by Rev. M. M. Marshall, and the meeting was presided over by the president of the association, Miss M. L. Wyche, R.N. The address of welcome on behalf of the State was made by Attorney-General Gilmer. Dr. P. E. Hines welcomed the organization on behalf of the city, and as a resident physician. Dr. Delia Dixon-Carroll addressed the nurses on the interesting topic of "The Relationship of the Doctor and the Nurse." Several solos were charmingly sung by Mrs. E. C. Duncan and Mr. A. C. Jackson.

The general meetings of the association consisted mainly of business sessions, the election of officers, and the discussion of the advisability of making any changes in the bill; also higher standards in training schools were discussed. It was deemed wise to leave the bill in its present form this year, and to ask the State Board of Examiners of Trained Nurses to prepare a list of suitable questions on reading, writing and arithmetic, to be used by the hospitals for examination of probationers.

Interesting talks were made by Dr. Frank H. Russell, of Wilmington, and Dr. M. H. Fletcher, of Asheville, chairman of the State Board of Medical Examiners, on preliminary education of nurses previous to entering a training school.

Among the important matters discussed was the plan to have a nurses' training department at the State Normal and Industrial School.

A very interesting paper was read by Miss Hester Evans, of Asheville, on "Tuberculosis and Its Treatment."

A delightful banquet was tendered the association by the Raleigh nurses, and was greatly enjoyed by all.

Several new officers were elected. Miss M. L. Wyche, R.N., of Durham, was re-elected president.

The meeting was a success, and all were warm in their praises of the hospitality of the "Capital City," and adjourned to meet next year in Winston-Salem. Previous to the meeting a number of nurses passed the examinations by the State Board.

CONSTANCE E. PROHL, R.N.,

Secretary State Association.

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#### **Graduate Nurses' Association of Pennsylvania**

The Graduate Nurses' Association of the State of Pennsylvania will hold the third quarterly convention at Erie, Pa., on July 20-21,

The meetings will be held in the Erie Chamber

of Commerce Hall, Marks' Building, 914 State Street.

The address of welcome will be given by Dr. James E. Silliman who is a surgeon of very high standing and a genuine friend of nurses, being heartily in favor of State registration.

The Rev. C. T. Benze, of St. John's Lutheran Church, will offer the invocation.

The papers to be read are: "Fees and Charges of the Nurse," "Ethics of Nursing," "The Power of the Press as an Aid to Registration," and Miss Docks' "A, B, C of Registration."

If all nurses who attended the June meeting in Philadelphia, or the Pittsburg meeting in October, and who have not paid their initiation fees or annual dues, will do so before the annual meeting in October, they will be considered charter members. All checks should be sent to Miss A. M. Shiels, of the M. E. Hospital, Broad and Wolf Streets, Philadelphia.

MRS. GEO. O. LOEFFLER,

Chairman of the Pub. and Press Com.

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#### **Alameda County Nurses' Association**

The Alameda County Nurses' Association is growing rapidly both in membership and interest. The regular meeting was held June 8, and much interest was taken in a paper read on the "Pure Milk Movement," which is being inaugurated in Oakland by the Home Club. The association is working for registration of nurses in California.

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#### **Elliot City Hospital Nurses**

The annual meeting of the alumnae association of the Elliot City Hospital Training School for Nurses was held at the Nurses' Home, June 8, when the following officers were elected for the ensuing year: President, Mrs. Ben O. Aldrich; first vice-president, Miss Martha Dumville; second vice-president, Miss Maud Conant; third vice-president, Miss Margaret Hearn; secretary and treasurer, Mrs. S. O. Rittenhouse.

The graduating exercises were also held on June 8, and the following young women received diplomas: Misses Vichery, Reynolds, Moores, Iram, Macbeth and Dumville. After the exercises refreshments were served, and a reception given by the alumnae.

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#### **Bridgeport Hospital Nurses**

The graduating exercises of the Bridgeport (Conn.) Hospital Training School for Nurses were held in the Park Street Congregational Church, which was crowded with friends of the members of the graduating class.

The names of the graduates are as follows: Miss Elizabeth F. Joyce, Miss Olive Smith, Miss Hazel M. Wilcox, Miss Margaret Steele, Miss Avilla I. Scott, Mrs. Mary A. Marley, Miss Edith M. Graham, Miss Sallie R. Mitchell, Miss Jessamine M. Hane, Miss Maud L. Bolton, Miss Winifred M. Abinette, Miss Kathryn Drew, Miss Edith F. Ebbets, Miss Anna Precht, Miss Katherine Rathbun.

The Hon. Edward W. Marsh, president of the Bridgeport Hospital corporation, delivered the opening address and in a few well chosen words introduced the speaker of the evening, the Hon. Stiles Judson, Jr.

The speaker praised the work of the hospital staff of physicians and also dwelt in glowing terms on the glorious service which the trained nurse is doing in the world.

The presentation of the diplomas to the members of the graduating class was made by Dr. Nathaniel E. Wordin, who congratulated the young women upon completing their work with such creditable records.

The present class is the largest in the history of the hospital.



#### **Medico-Chirurgical Hospital Nurses**

The last regular meeting of this season was held at the hospital, Wednesday, June 1, at 3 P. M. Miss Anna G. Davis presided. Minutes of May meeting read and approved.

Nine new members were admitted.

No new business was transacted; all old business was satisfactorily disposed of. Miss Pridham was present at this meeting and made a few suggestions as to entertainment, which, if acted upon, will, no doubt, help the *alumnæ* materially.

Quite an interesting paper on State Registration was read by the president.

After the meeting Miss Pridham treated the nurses to a delightful little tea.

Next meeting will be held in September.

E. M. RITTER, Secy.

The second annual reception to the graduating class, given by the *alumnæ* of the Medico-Chirurgical Hospital, was a marked success. The dance began at eight o'clock and was followed by refreshments at eleven thirty. About one hundred couples were present. The hall was beautifully decorated with red and green (our college colors). The table decorations were most tastefully gotten up. Here and there were great bunches of red carnations and American Beauties, supported by banks of ferns. Favors were given each guest

tied with the red and green ribbon. Never did Greble Hall present such a delightful appearance.

The decorations and arrangements were in charge of Miss Susan G. Baker and Anna G. Davis. Miss Peanne, vice-president of the association presided at the tea table. She was assisted by the Misses Baker and Davis. The *alumnæ* nurses departed well pleased with their efforts to entertain the graduating class, and the latter appeared to thoroughly enjoy the evening.

E. M. RITTER.



#### **Pottsdam Hospital Nurses**

The graduating exercises of the Pottsdam Hospital Training School for Nurses were held on June 2 in the Christ Episcopal Church. The class consisted of Miss Margaret Freeman, Boyertown, Miss Victoria Lewis, Philadelphia, and Miss Dora Marie Rood, of Norway. An interesting program was rendered, after which a reception was held at the hospital. Misses Freeman and Rood have accepted positions as head nurses in the Presbyterian Hospital of Chicago.



#### **Methodist Episcopal Hospital N. A. A.**

The annual meeting of the Nurses' *Alumnæ* Association of the Methodist Episcopal Hospital, Philadelphia, was held in the chapel of that institution on Thursday, May 26. The meeting was called to order by the president, Miss Lena Townshend. There were nineteen members present. The minutes of the previous meeting were read. Four new members elected. The yearly reports of officers and committees were presented and accepted by the association. The following new officers were elected for the ensuing year: President, Miss Louisa Kurath; first vice-president, Mrs. Edith Kranz; second vice-president, Miss Margaret Wilson; third vice-president, Miss Jennie Wick; corresponding secretary, Miss Dorothy Ferree; recording secretary, Miss Emma Stern; treasurer, Miss Sarah Balsbach.

In appreciation of the good and extra work done by the corresponding secretary, Miss Kurath, during her two years' term of service, the association presented her with a dress-suit case.

After the regular business program, the president gave her address, followed by an address by Mr. C. W. Shoemaker, of Bridgeton, N. J. There were several selections of music and reports of two delegates.

Mrs. Katherine Osborn read a report from the Pennsylvania State Nurses' Association, held in Wilkesbarre, and Miss Anna Wetherill one

from the convention of the Associated Alumnae of the U. S., held in Philadelphia. The meeting adjourned and the members were served with tea at the Hospital.

D. M. FERREE, Cor. Secy.



#### Nursing Notes from Canada

Miss Ina Chambers, daughter of Mr. and Mrs. E. W. Chambers, Simcoe, has been successful in winning the \$100 prize for her second year at the Johns Hopkins Hospital, Baltimore, Md. This is the second time Miss Chambers has won, and the second time she has been the first Canadian to win.

Miss Eva MacMath, late of Toronto, and formerly of Goderich, who has been in training as a nurse at Mount Sinai Hospital, New York, has graduated with honors and also taken the directors' prize of \$50 given to the pupil making the best record during the training term.

Miss Minne Greenwood, of Toronto, and Miss Katharine C. Healy, of Smith's Falls, are among the fifteen graduates of the Training School for Nurses of the Philadelphia Polyclinic Hospital and College for Graduates in Medicine. Miss Greenwood headed the list, receiving honors. Miss Healy was fourth on the list.

Miss Scharley Wright, who recently graduated from Harper Hospital, Detroit, is now visiting in Toronto en route to New Westminster, B. C., where she will visit her mother, Mrs. Gordon Corbould, till September, then return to Detroit, where she has accepted a position as supervising nurse in the hospital from which she is a graduate.

A school for nurses in training has been opened in connection with the Muskoka Cottage Sanatorium, Gravenhurst. With the growth of the institutions of the National Sanitarium Association this has become a necessity. The step is welcomed by the medical profession, as they have always many patients who are afflicted with tuberculosis. Lectures are given by the physician-in-charge and the nurse-in-charge, supplemented by special lectures that will be given by leading physicians in Toronto and elsewhere, who are on the consultant staff of the association, making the two years' course a very complete one. A number of probationers have entered the work within the past month.

Mrs. Robertson, assistant matron at Brockville, will succeed Miss Jones as assistant matron at the Hamilton Asylum, and Miss McGillicuddy will become assistant matron at Brockville.

The graduating exercises of the Berlin (Ont.) Hospital Training School for Nurses were held at the Opera House June 7. A very interesting program, consisting of addresses and vocal and instrumental music, had been prepared and was successfully carried out, one of the interesting features being a very able address by the lady superintendent, Miss Ida L. MacLagan. The Misses Christene McFadyen, Caroline Hornby and Grace P. Simpson received diplomas. In the evening Miss MacLagan and the members of the staff were at home to their friends.



#### Camp Roosevelt

A meeting of Camp Roosevelt was held at 155 East Eighty-third Street, New York City, on Monday, June 6, at 8 P. M. There were present fifteen members, and several visitors. Miss Susie F. Saunders (Captain) presided. The minutes of the May meeting were read and approved, after which a plan for the S.-A. W. monument was shown and talked over. Several other items of business were attended to while refreshments were being served. The announcement of the engagement of Captain Susie F. Saunders to Mr. Fred Adams, of New York, was made. The next meeting will be held on Monday, July 11, at 8 P. M., at the usual place. All S.-A. W. nurses are cordially invited to be present.

FLORENCE KELLY, Lieutenant.



#### New York City Training School A. A.

The regular meeting of the alumnae association of the N. Y. C. T. S. A. A. was held as usual at the New York Academy of Medicine, June 14, 1904. Miss J. S. Foote, chairman of sick committee, reported that Miss Pauline Harris had been ill, but was convalescent. Miss E. Gilmour, chairman of the entertainment committee, gave a report of the reception. Miss Martha C. Drew was appointed financial secretary pro tem., in place of Mrs. Clinton Stevenson, who was unavoidably absent. Miss J. Amanda Silver gave a very interesting report of the associated alumnae meetings held in Philadelphia in May. A motion of adjournment was then made and the members and their friends spent a pleasant hour in the banquet hall. The refreshments were presided over and dispensed by Miss Helen Sheehan.

JULIA M. SYRON, Cor. Secy.

### Orange Guild of St. Barnabas

Over fifty members of the Orange Branch of the Guild of St. Barnabas were present at the annual service and meeting of that organization, held in the Broome Memorial Parish House of Grace Episcopal Church, Orange, Saturday, June 11, 1904.

All of the present officers were re-elected and delegates chosen to the annual council to take place at Boston, October 3 and 4. Gratifying reports of the year's work were read.

Rt. Rev. Dr. Cortlandt Whitehead, bishop of the Episcopal diocese of Pittsburg, chaplain general of the Guild, attended and conducted the opening devotional services, which were held in the church. He was assisted by Rev. Dr. Alexander Mann and Rev. Mr. Warner, rector and assistant rector, respectively, of Grace Church. The bishop, besides conducting a celebration of the Holy Communion, made a brief address, following which the assembly adjourned to the parish house.

A detailed report on the work of the year was presented by Miss Mary M. C. Clark, assistant secretary. Miss Anna C. Sutherland, in her report as treasurer, showed a balance on hand, with all bills paid, of \$97.82. Reports of progress were made by the committees representing the Guild in the anti-tuberculosis committee of the Oranges and the joint committee on fresh air of the Oranges. A letter expressing the hope of the Guild for his early recovery was ordered sent to F. M. Thieriot, of South Orange, who was recently compelled to resign as treasurer of the sick fund of the Guild. In her report as chairman of the nominating committee, Miss Margaret Pierson presented a long list of names of persons nominated.

Mrs. William Read Howe was unanimously re-elected secretary, Miss Mary M. Clark assistant secretary and Mrs. Sutherland treasurer.

The delegates chosen to the annual council were Miss Martha Clark and Mrs. Ingram, representing the active and associate members respectively. The alternates were Miss Cora Swan and Miss Fannie M. Pigot.

Following the adjournment of the Guild meeting, the Sick Relief Fund Association held a session which was presided over by Rev. Dr. Mann, the chaplain. It was announced that the secretary, Mrs. Catherine S. Bayles, had been compelled to resign after ten years' service, on account of ill health.

Mrs. Ingram was elected to succeed her. The other officers chosen were: President, Dr. Mann;

treasurer, William A. Brewer, Jr. Those chosen members of the standing committee were: Miss Druge, Miss Coomber, and Miss Clark.

In the afternoon the Guild members were tendered a reception by Mrs. Howe at her home in Llewellyn Park, West Orange, N. J.

The guests of honor were Bishop and Mrs. Whitehead, and Bishop and Mrs. Edwin S. Lines, of the Newark Episcopal diocese.

Mrs. Howe was assisted in receiving by Mrs. Alexander Mann, of East Orange, N. J., Mrs. Edwin A. White, of Bloomfield, N. J.

Luncheon was served at small tables arranged under the trees on the lawn, and music was furnished by an orchestra stationed behind a bower of shrubbery.



### Orange Training School Alumnae Association

The Alumnae Association of the Orange Training School held its fourth and last meeting of the season on Wednesday, May 17, 1904, at the Visiting Nurses' Settlement of Orange Valley.

Miss Janette Houlden, who was the alumnae's delegate to Philadelphia for the annual meeting of the National Alumnae Association, read a full and interesting report of the convention. In her report Miss Houlden said: "I wish particularly to draw your attention to an amendment of the National Alumnae constitution by which a permanent member attending three successive meetings of the association is thereby allowed to discuss topics under consideration and to put motions at the executive session."

An appeal was read from the anti-tuberculosis committee asking the nurses to consider raising, in whole or in part, the proposed salary for a nurse who would be engaged exclusively in the work of house to house visitation of tuberculous patients.

The matter was discussed with energy and enthusiasm. Some seemed to feel that it was asking too much of a body of self-supporting women, but after a stirring appeal from Mrs. Walter Dodge it was voted that the president of the association should appoint a committee of three to take the matter into consideration and investigate what could be done. The committee appointed was Miss Mary Johnson, Miss Ella Zimmerman and Miss Harriet Staples.

The meeting was addressed at four o'clock by Dr. Lynn Emmerson, who gave a most instructive, useful and practical address on the role of the nurse in eye surgery.

Dr. Emmerson avoided letting his lecture run on the anatomy of the eye or of dwelling upon

the surgical technique of an iridectomy or a cataract operation. Instead, he confined himself to giving practical, useful suggestions in the handling and preparing of eye instruments; handling and holding a child to be treated; the flushing and cleansing of eyes and the inversion of eyelids. Not least among the valuable points was a list of carefully selected text books which Dr. Emmerson considered the most useful for a nurse caring for eye cases.

At the close of the *alumnæ* meeting the president announced that there was present as a guest, Miss Metcalf, a former superintendent of the Orange Training School.

Miss Metcalf was introduced and made a few pleasant remarks after which, by a rising vote, she was elected an honorary member of the association.



#### Nursing Notes from Buffalo

The class of 1904 of the Buffalo Hospital of the Sisters of Charity Training School for Nurses held their commencement exercises at the hospital, Wednesday evening, June 8. At the close of the exercises an enjoyable reception was held.

The program was as follows:

Ceremonies in honor of the graduation began at 9 A. M. with Solemn High Mass in the hospital chapel, the celebrant being Father Farrell, of Niagara University, the deacon and sub-deacon, Father Lynch and Father Walsh, also of the university. Father Quinn and Father Grace were in the sanctuary.

The sermon was preached by Father Lynch and the music for the Mass was sung by the Honorable George Lewis, Joseph S. Lewis and Dr. James J. Mooney.

The entire building was handsomely decorated in pale blue and white, and the assembly hall on the fourth floor, where the exercises were held, was lovely with its color scheme. Back of the stage hung the hospital flag of pale blue and white with the letters B. H. S. C.

In addition there were quantities of flowers, American Beauty roses, Easter lilies, and all the blossoms of the season. They were sent by friends of the graduates and of the institution; many came from patients grateful for kindness received from the Sisters in charge.

In the evening, at 7 P. M., the Rt. Rev. Bishop Charles H. Colton gave benediction in the chapel.

At 8 P. M. the graduating class filed in the Assembly Hall and took their seats in the front rows.

Dr. James Mooney, president of the training school, opened the ceremonies of the evening with a few sincere words of praise and congratulations, and spoke briefly of the popularity of the hospital and of its growth. He said it would soon be necessary to secure some enlargements, and secure at least another fifty beds. New and larger quarters are needed for the nurses, and in his address Dr. Mooney asked for a new and adequate building separate from the hospital proper. Bishop Colton gave his hearty approval of the project, and will co-operate with Dr. Mooney and the Sisters in their work.

Aside from the addresses, the musical portion of the program included selections by the orchestra; chorus, "Spring Song"; piano duet by Caroline Scobell and Beatrice Graves; a violin and piano duet by Edith Siddons and Beatrice Graves; May H. Gillette gave a reading, "The Three Visions," and Miss Rodgers read the "Class Prophecy."

The Rt. Rev. Bishop presented the medals, and awarded the prizes. Dr. James Mooney presented the diplomas; they were presented to the following nurses:

Katherine Baxter, Bessie Gertrude Donnelly, Margaret Julia Bauer, Josephine Beatrice Bauer, Louise Agnes Lennertz, Elizabeth Rose Kendrick, Gertrude Isabel O'Hern, Edwin Albert Chapin and George Becker.

After presenting the diplomas, the Rt. Rev. Bishop gave an eloquent address to the graduating class.

After sincere words of praise and congratulations, he charged them to hold fast to their womanliness, modesty and purity and assured them if they did they would find many of the stumbling blocks and hardships removed from their path, and to always bear in mind the class motto, *Deus et Officium* (God and Duty).

The exercises were conducted most excellently.

A large number were present, including the Sisters, members of the *alumnæ*, the physicians of the hospital staff and their wives.

After the exercises, the physicians of the hospital staff with their wives were entertained at supper, also the nurses and the members of the nurses' *alumnæ*.

At the physicians' table were seated forty guests, and at the nurses' banquet table in their own dining hall, covers were laid for eighty.

Both tables were decorated in blue and white, and as the Sisters' costume and that of the nurses' uniform are of these two colors, the effect was charming.

The June meeting of the Buffalo Nurses' Association was held at the Woman's Union, where all business meetings will be held until such time as the association *owns* its home, which we trust will not be many years distant. Twelve new members were elected as follows: Emma A. Lawes, Ida B. Gardner, Sarah E. Schofield, of the Buffalo Homeopathic Hospital; Emma A. Kuhn, Katherine T. Meagher, of the Buffalo State Hospital; Anna L. Crotty, Loretta M. Dundas, Anna Lynch, of the Buffalo Hospital of the Sisters of Charity; Harriet Dunham, Adelyn F. Brown, Josephine V. Knight, of the Buffalo General, and Maude B. Crary, of the Episcopal Hospital of Philadelphia.

Twenty-eight applications were also received to be voted upon in September, making a total of fifty-four applications since the beginning of the club year in March.

The delegate to the meeting of the Western Federation of Woman's Clubs at Ithaca, Miss Mary J. Cole, being absent from the city, and the alternates, Miss Nye—who was on the program for a discussion on kindergarten work—Miss Black and Miss Alt, all being unable to attend the association, we were represented by Mrs. Jennie T. Anderson, who brought to us a most interesting and instructive report. She dwelt especially on the wonderful work being done at the George Junior Republic, which was visited by the delegates and members attending the Federation. She also gave an excellent description of the campus and buildings of Cornell University, where one day was spent, under the escort of the president of the Western Federation, Miss Martha Van Renssalaer, who is a member of the Cornell faculty. The program committee, Miss Helen Alt, Miss Mary Kennedy and Miss Blanche Anderson, submitted a schedule for summer study which will be more in the line of recreation than of work, as the subject is, "Getting Acquainted With Trees." A chart with cuts of the trees to be studied has been secured.

Papers will be presented on the subject as follows:

"The Birch," Miss Marsden; "The Beech," Miss Wood; "The Maple," Miss Weber; "The Oak," Miss King; "The Willow," Miss Grovenberry; "The Pine," Miss Greaves; "The Elm," Miss Kammerer; "The Poplar," Miss Fitzpatrick; "The Fruit Bearing Trees," Miss Scanlon; "The Nut Bearing Trees," Miss Gardner; "The Cone Bearing Trees," Miss Anderson.

February 5 will be Tree Day, when an elaborate program will be presented, with a talk on the

subject by some authority of national reputation on forestry.

This was accepted and it is expected that nearly all Buffalo nurses will find pleasure and interest in joining the Tree Club. The Grosvenor Library has a fine collection of books on forestry and will make special arrangements for any nurses who wish to consult them, and at the Buffalo Public Library is also a good collection that may be obtained by members applying to Miss McKay, who made and furnished the chart for the use of the association. The public library also put a few books on the subject of trees in the nurses' clubroom. The association then voted to subscribe for the following magazines for the use of the members: *THE TRAINED NURSE AND HOSPITAL REVIEW*, the *Buffalo Medical Journal*, the *Club Woman*, and *Country Life in America*, these to be sent to the clubroom at 77 West Eagle Street.

Dr. Albert L. Lytle then addressed the meeting and gave an interesting paper on the "Physician and the Nurse." The meeting then adjourned and no more business meetings will be held until September.

Misses Emma V. Rothfuss, Louise Greenwood, Gertrude Greenwood and Mary J. Cole are in Berlin and will represent the Buffalo Nurses' Association at the International Congress of Women.

Miss Anna Ryan, Miss Margaret Fitzpatrick and Miss Katherine Fitzpatrick are taking an extended vacation. They will not return to Buffalo until September.

The Nurses' Clubrooms and Home at 77 West Eagle Street, during Miss Greenwood's absence, are in care of Miss Theresa Mason.

The many friends of Miss Josephine Snetsinger will grieve to hear of her illness at the Buffalo Homeopathic Hospital.

Miss Helen B. Dawson, who has also been seriously ill at the same place, is much improved.

Buffalo nurses are beginning to think and to talk of "our own clubhouse."

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#### Philadelphia County Nurses' Association

The regular monthly meeting of the Philadelphia County Nurses' Association was held on Wednesday, June 9, 1904, at 3 P. M., in the College

of Physicians, Thirteenth and Locust Streets, Philadelphia. The president, Miss Malloy, in the chair.

A motion was made and carried that the Philadelphia County Nurses' Association extend an invitation to the Graduate Nurses' Association of the State of Pennsylvania at their next quarterly meeting to be held in Erie, Pa., during July, to hold their annual meeting next October in the city of Philadelphia.

Miss Whitaker told us something of the work being done by the State association, and the president appointed Miss Whitaker and Miss Casey to report progress of the work at our regular monthly meetings.

General discussion on the advisability of a nurses' clubhouse followed, and on motion, it was referred to the business committee.

There were present nineteen members and four visitors.

Meeting adjourned until October, 1904.

NELLIE M. CASEY,  
Chairman Pub. Com.

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#### U. of P. Training School A. A.

The regular monthly meeting of the Alumnae Association of the Training School of the Hospital of the University of Pennsylvania was held on Monday evening, June 6, 1904, at seven o'clock. This was also the eleventh annual meeting of the association.

The president, Miss Rudden, in the chair. Minutes of May meeting read and accepted. Annual reports of the secretary and treasurer followed. It is most gratifying to know that half the amount necessary to endow a room for sick nurses in University Hospital is now in hand.

Miss Martha E. Brobson gave a most interesting report of the convention of the Associated Alumnae.

The officers elected to serve for the coming year are as follows: president, Miss Anna L. Schulze; first vice-president, Miss Anna E. Brobson; second vice-president, Miss Emma K. Le Van; secretary, Miss Nellie M. Casey; treasurer, Mrs. Lucie H. Irwin; sub-treasurer, Mrs. Mary C. Bains.

After the election of officers, Miss Rudden read as follows:

"With the echoes of the convention still ringing in my ears, it is with hesitancy that I address you on this our eleventh anniversary.

"To outline a plan of work for the coming year

would be almost impossible, as time brings its work with it, but I would urge upon you all, the necessity of co-operation in the work we do undertake. Our alumnae is not limited in its purpose to a single object—it has many aims, and what we want among our members is unity of purpose and earnest endeavor. Attendance at the meetings should be considered not only a privilege and an honor, but a duty; and thus, by attendance, mutual interest, and harmonious working, we can and will accomplish much. Let us work together. Let us work with the object in view of making our alumnae stand at the head.

"Of late, several nurses have asked me 'What is there in it for me if I join the alumnae?' In answer I would say that through the alumnae of your school and the National Alumnae, all the opportunities of becoming a broadminded nurse are put within your grasp. I pity the nurse whose outlook is so narrow that she cannot see it in the correct light. Much has been done during the past year. Through the kindness of Miss Marion Smith, we have established a registry board in the office of the hospital, and it is very satisfactory.

"The Pennsylvania State Society which was started by us is in flourishing condition and doing splendid work—the question of registration has been discussed for years and has now become an accomplished fact. Only by a complete system of registration will it be possible for trained nursing to attain to its full dignity—this is now our opportunity to aid in attaining this position.

"I could go on and talk on this subject indefinitely—it is one in which I take a great interest—but realizing that 'brevity is the soul of wit,' I desist."

Meeting then adjourned until September. An informal reception to meet the graduating class of 1904 was then held, at which refreshments were served.

Miss Marion Smith, Miss Whiton, Miss Gainor, and Miss Malloy honored us with their presence on this occasion. NELLIE M. CASEY, Sec.

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#### St. James' Hospital Nurses

The St. James' Hospital Training School for Nurses, Newark, N. J., graduated its second class on June 11, 1904.

Owing to the death of Sister Genevieve, superior of the hospital (which occurred on May 29), no exercises were held.

The names of the graduates are: Anna E. Sully,

*Owing to the crowded condition of our columns, it has been found necessary to continue this department on pages 56, 58 and 64.*



# The Editor's Letter-box

The Editor is not responsible for the views of contributors.

## From Manila

A letter from one of the graduate nurses from the Cincinnati (Ohio) Hospital Training School, who went to Manila to do army work:

March 1, 1904.

MY DEAR MISS —: We are still at sea; will be for another week. We expect to land next Wednesday at Manila after thirty days on water. Must congratulate myself for not being seasick, for we had quite rough sea sometimes, but that did not affect me, only once in a while I would feel the disease everybody is subject to in the tropics, simple laziness.

The trip has been most interesting. On the morning of February 9 we found ourselves skimming around Oahu, one of the Hawaiian Islands. About 7 A. M. we passed Diamond Head, an extinct volcano, entered into the beautiful harbor in full view of the city of Honolulu with its famous Punch Bowl and many other beautiful mountains. One of the grandest views I ever saw was from Pacific Heights; will add, we saw it under great disadvantage, for it blew a gale and the rain came down in torrents, so that we had to stand up to let the water run down on us while coming down the hill in the car—very unusual weather for that place. As to the city, it is very much Americanized; has a fine street railroad system, three very fine hotels. We had dinner at one of the best (the Alexander Young), then the passengers of the *Sheridan* were entertained at the Royal Hawaiian Hotel by a concert, given by the native band, and a dance. We visited quite a few points of interest among them; had special permit to visit the Bishop Museum, where we saw a fine collection of coral, and the famous feather coat which was worn by one of their former native chiefs; it took one hundred years to make it, and in so doing they extinguished the species of bird. It is yellow like a canary bird's feathers and is woven in with very fine fibre thread. There is a *jac simile* in the museum in Washington. One of our nurses has a friend here; he is a cousin to Prince Cupid, who is now in Washington; he is a very fine man and nothing was too good for the nurses he entertained. This man's mother is a native Hawaiian, his father was Italian; they had seventeen children. I tell you, "race suicide" is quite unknown there and every body is happy. The people in general are most hospitable, they

spare no means to show you everything of interest and make you feel at home. We stopped two days and two nights. The natives are really very funny people; they always wear flowers, the women a wreath around their necks, the men around their hats. It is a perfect garden spot, most magnificent palms of every species and very pretty houses. After we left Hawaiian Islands on Saturday, February 11, we did not see anything but sky and sea until yesterday morning, February 25. I got up before dawn to see land. After arranging my necessary toilet, I went out on deck just as the sky was brightening over the beautiful hills of the Island of Guam, and our dear old boat was cruising around the most famous coral reef; cast anchor two miles from shore. It all was like a picture or rather a dream, just light enough to see the mountain with its rich foliage, which looked like moss to me, at its base the waves breaking on that coral reef. The water in the little bay was most beautiful, just like a mirror but very shallow (for the coral formations are all around the mainland) that nothing but a row boat can get near. The delicate shades of blue, pink and various shades of green under the clear water as we passed over in a row-boat was grand. It took us one hour to go across to land in a native boat. After landing, we had to ride five miles in the ambulance to town. We arrived at the naval headquarters, were very cordially received by one of the mariners, who provided a city police as a guide for us, so we saw all there was of interest. We were in an old Spanish church, of which one wall was completely missing from an earthquake they had a year ago. It must have been terrible and I might mention that after the earthquake it was found that the Island was raised two inches over the sea level higher than it had been. We visited the hospital and the doctor told us that there is no sickness on the Island, only a slight accident at the ice plant or a runaway, which is quite common. We were told there are only about thirty Americans and very few English people on the island. The name of this town I am speaking of is Agana. All the houses are thatched with straw or grass roofs, built on stilts. I don't believe there is a piece of glass in the town. Two or three houses have tile roofs and are built of coral formation, covered over with some sort of cement, but those were

Spanish buildings. We saw the ruins of the governor's palace. The only thing remaining, aside from the foundation, is a slab of some composition stone, with the Spanish coat-of-arms on it. The whole building was completely wrecked by the earthquake and a number of other houses in the same neighborhood. The native house would not kill a fly if it fell on it, for there is nothing of it, so you see they are lucky. Now we will continue on our route through the town. We called at Hiki Company (pronounced like Hickey). The other, the Western Commercial Company, an American place, all they had you could easily put in a small sized pantry, and then hunt it; but while looking around an old gentleman came in and asked us in Spanish to come down to his house, his daughters wished to entertain us. We later found out he was the richest man in town. He also said his daughters would play the piano for us. Of course we went. He sent a little fellow ahead of us to tell them we were coming, and the whole family were out on the front veranda waiting our reception, which was most cordial. They played and danced with us. The girls could speak English quite well, several had been educated in Spain, and, I must say, they are very pretty girls; one, especially, was a perfect type of beauty. Then they served us with fruit as a refreshment and our gentleman escort with cigars and drink of something on the rear veranda (for the houses are all verandas), then before we left they gave each of us some flowers. We certainly enjoyed it and nothing was too good for us. Of course, I suppose you are familiar with their form of dress. They wore gingham skirts and white dressing jackets, looked very neat; the men folks look a little odd, for they wear white trousers with their shirts hanging out over them, and bare-footed, with sandals. After leaving Signor Martini's house, we were invited to the Service Club of the naval officers. They insisted on us staying for luncheon and it was fine. Here we met some more of our fellow passengers, but there is none among them who took in the town as we did. When it was time for us to start back, we had the swellest rig in town, a sort of double seated affair on the style of a 'bus, with only two wheels and one poor little pony to pull us. We piled in and found there was no room for our escort. He sat on top for a while, found the sun cooking him, so he took to walking, for our horse was not going at a very high speed, but when the old thing started we wobbled from side to side, and laughed ourselves sick; every time one wanted to move a foot, all

feet had to move. Directly we missed our gentleman; discovered he had held up an ox-cart and was coming along like Vanderbilt in an auto. Fun—I tell you, we certainly had all we wanted and only quieted down when we got to our old native sailboat, then climbed up a ladder to get into our old home, the *Sheridan*. One hour later we were steaming over the ocean deep once more.

Before I bring this to a close, I must tell you of one more point of interest which was pointed out to me from the ship, as we cast anchor; a very small rock out in the bay, where the Spaniards had a fort, and in '98, when Captain Glasson, in command of a fleet, came in, the Spanish officers came out in a rowboat to meet the fleet and apologized that they had no powder to return the salute; thought this fleet was paying them a visit, did not know that they were in war. This happened about one month after Manila was taken. There is now on this island a cable station, but no other vessels stop here but the army transports and a naval ship, once in a while—the transports usually stop going to Manila and go by Japan when they return to the States, but now that there is war they stop at Guam both ways. You can imagine how exciting the place is. No wonder they received us with open arms. An ideal spot to go on a summer vacation. You will not be annoyed with the city turmoil and electric cars, there is plenty of hunting and fishing there and an abundance of coconuts, and bananas also are very delicious. I have told you briefly about our little stop. We're on the way to Manila.

*March 1, 1904.*—Cast anchor in Manila Bay at 8.30 P. M., in the beautiful moonlight.

*March 2, 7 A. M.*—Waiting for inspectors and are ready to land. Arrived at Nurses' Quarters at noon to-day. We don't expect to go on duty for some days.

C. V.

✽

#### Treatment of Amebic Dysentery

DEAR EDITOR: I have been a graduate nurse not quite two years and I am the first one at home, so your magazine will be of the highest value to me on account of the advice I cannot get from older nurses here.

Soon after I graduated from the Jefferson Training School for Nurses in Philadelphia, I went to Santiago de Cuba for one year in search of some experience in tropical diseases, but had not much chance for medical cases because they pay a great deal more attention to the surgical branch. Nevertheless, I saw a few cases of amebic dysentery, a disease which is very common there and here as well, and on which I

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should like to have your valuable advice. What is the best treatment for such an annoying disease?

#### A NURSE OF CENTRAL AMERICA.

March 28, 1904.

[Many different treatments have been advised for this form of dysentery.

If the case is seen early, a saline purge should be given, otherwise do not use purgatives. Medicines recommended are ipecacuanha, corrosive sublimate (1-100 gr., every two hours), bismuth (half dram every two hours), morphine hypodermically for pain.

Local treatment receives the highest praise. This is best done by first using a cocaine suppository, or by first injecting a 4 per cent. solution of cocaine into the rectum. The water used for irrigation should be at a temperature of 100° F. Various astringents may be tried, such as alum, acetate of lead, sulphate of zinc and copper and nitrate of silver. Warm injections of quinine in strength of 1 to 5,000, 1 to 2,500 and 1 to 1,000. Poultices and stupes to the abdomen are at times useful.

Diet should be restricted to milk, whey and broths. Rest in bed is very essential.]

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#### Course in Domestic Science

DEAR EDITOR: Miss Laura Munger, graduate of the Boston Cooking School, Boston, Mass., class of 1898, and teacher of domestic science at Kenwood Institute, Chicago, an affiliated school of the Chicago University, gave a course of instruction during the month of May in invalid cookery to the nurses of the Evansville Sanitarium Training School, Evansville, Ind.

More and more the need of this branch of domestic science is being felt by superintendents of training schools, also the graduate nurse on private duty. She is of more value to her patients when she is capable of preparing delicacies and serving them attractively.

It would be well for training schools that have not introduced this branch of cookery to make it a feature of their curriculum. I am sure that

heads of training schools will agree with me that a nurse's course is not complete without some knowledge of dietetics. SARA BOLTON.

✶

#### Competent Masseurs and Masseuses

DEAR EDITOR: In reply to the letter you published in the June number of THE TRAINED NURSE AND HOSPITAL REVIEW, signed Margaret L. Wood, I beg to say that I heartily favor some movement in the direction of protecting graduates in massage against inferior competition.

I would propose to form local organizations in the larger cities which should appoint a committee to prepare plans for an effective campaign against such people who either practise massage without a diploma from a recognized institution, or use the word "massage" to cover vice. We all know and read it in the daily newspapers of the larger cities that notable houses of ill-repute secure their patronage to a large extent by advertising in the Personal columns under the mask of massage, baths, or other inducements.

It has been my intention for several years to invite professional masseurs and masseuses to form a society similar to the English Society of Trained Masseuses, but owing to the antagonistic standing of the different schools and the jealousy among graduates of different schools themselves, and not in the least the unfortunate habit of belittling graduates of other schools other than their own, has so far prevented me from making a serious move in the matter.

Miss Wood solicits the opinion of others in the matter, and I trust that her efforts will be crowned by success. I will be pleased to be personally addressed, and promise every possible support in a practical, financial and political way.

As so many of our trained nurses are graduates in massage they will heartily welcome a move in the proposed direction, and be thankful to the TRAINED NURSE AND HOSPITAL REVIEW, which again shows true spirit for the protection of the profession it represents.

MAX J. WALTER,  
1516 Green Street, Philadelphia, Pa.

#### Long Island College Nurses A. A.

The regular meeting of the Alumnae Association of the Long Island College Hospital was held on Friday, June 17, with a large attendance. The president, Miss Davids, was in the chair. After the usual reports from committees, two new

members were admitted and two more proposed. Miss Davids read a very interesting report as delegate to the convention in Philadelphia. The meeting adjourned until the second Tuesday in September. Refreshments and a social time were much enjoyed. C. HALL, Cor. Secy.

# OUT O' DOORS

SUMMER PLEASURES are essentially out-of-door ones. All the active sports make the bath a luxury; add to its delights by using HAND SAPOLIO, the only soap which lifts a bath above a common-place cleansing process, makes every pore respond, and energizes the whole body. It is a summer necessity to every man, woman, and child who would be daintily clean. Keeps you fresh and sweet as a sea breeze; prevents sunburn and roughness. Make the test yourself.

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## Nursing World—Continued

South Orange, N. J.; Mary E. Livingston, New Bedford, Mass.; and James Hewson, Newark, N. J. The training school was organized May 1, 1901.

LAURA R. MACHALE,  
Directress of Nurses.

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### Personals

Miss Pauline Rhodes, a graduate of the Memphis (Tenn.) City Hospital Training School, class of 1903, has recently taken charge of a mission training school for nurses connected with the Casa de Salud El Buen Samaritano, near Guana-juceto, Mexico.

Mrs. L. W. Quintard has been spending a few days in New Haven as the guest of Miss Emma L. Stowe and Mrs. Wm. H. Carmalt. Many of the graduates of the Connecticut Training School for Nurses and former pupils of Mrs. Quintard have had the pleasure of a delightful visit with her.

Miss E. T. Hicks, who had been for eleven years head nurse at the Bryn Mawr Hospital, Pa., has resigned her position.

At the annual meeting of the Graduate Nurse Association of the Hospital of the Good Shepherd, Miss Lina Lightbourne was elected a director for life.

Mrs. Helen Burkhardt has resigned her position as nurse at the Levering Hospital, Hanibal, Mo., and left for Jacksonville, Florida.

Miss Sue D. Kramer of the class of '98, Homeopathic Hospital, Reading, Pa., has gone to Huntsville, Ala., to take charge of a private sanitarium.

Miss Minnie O. Robbins, a head nurse in the Massachusetts Eye and Ear Infirmary at Boston, was unanimously elected matron of the new hospital in the city of Marlboro, Mass. Miss Robbins assumed her duties June 1.

Miss Harriet R. Kraus has been appointed head nurse at the Westmoreland Hospital, Greensburg, Pa. Miss Kraus is a graduate of the Jefferson Hospital, Philadelphia, Pa., class of 1900, and received the class medal.

Of the class of 1904 of the Niagara Falls Hospital, Miss Kelly and Miss Kildon are in St. Louis

where they have positions in the Infant Incubator on the Exposition grounds. Mrs. Walker has gone to her home in Canada. Miss Holmes is convalescing from a long illness. Miss Boyden and Miss Judge are still at the hospital and Miss Buzza is practising in the city.

Reubena M. Cuthbertson, graduate of Children's Hospital, Toronto; G. M. Hospital and Sloane Maternity Hospital, New York, sails from Philadelphia, September 17, 1904, for the Frukhabad Mission, India. Miss Cuthbertson spent six months in Dr. W. White's Bible school preparing for her life work on the foreign mission field. She will be supported by the Presbyterian Board, of New York. Any friends wishing to write to her before September 17, please address all mail to 156 Fifth Avenue, Presbyterian Foreign Mission Rooms.

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### Married

Miss Laura E. Welles, a graduate of the Connecticut Training School for Nurses, class of '97, was married June 2, at the residence of her mother, Mrs. Joel Lloyd Welles, Glengrove Avenue, Toronto, Canada, to Mr. Ricardo F. Armstrong, of New Haven, Conn. Mr. and Mrs. Armstrong after an extended wedding trip will reside in New Haven.

At Shreveport, La., April 18, 1904, Miss Martha McCann, to Mr. Charles Gunstream, of Orange, Texas. Mrs. Gunstream is a graduate of the Shreveport Sanitarium Training School for Nurses, class of 1901, and one of our most popular and successful nurses. Orange, Texas, will be the future home.

In San Francisco, April 13, 1904, Miss Alice G. Lasswell, of Santa Rosa, Cal., to Mr. A. Ryan, Chief Engineer of the S.S. *California*. Mrs. Ryan is a graduate of St. Luke's Hospital, San Francisco, class of 1896. In 1899 she went with the first nurses to Honolulu, H. I., to do army nursing. On her return she opened a sanitarium in Santa Rosa, which she conducted till her marriage.

At the home of the bride, Kingston, Ontario, Canada, Miss Mildred M. King, to R. W. Parker, M.D., of Lowell, Mass. Mrs. Parker is a graduate of the Lowell General Hospital.

## "OBSTA PRINCIPIIS"

To prevent the development of gastro-enteric disturbance in artificially fed infants during the hot weather, we suggest the addition of

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10 to 30 drops to the contents of the child's bottle *after* heating and just before feeding.

The casein is thrown down in attenuated flocculent coagula, closely approximating the fine curds of mother's milk.

To obtain good results it is necessary to specify "N. Y. P. A." to prevent the dispensing of some inefficient substitute.

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At the Church of the Heavenly Rest, New York city, May 16, Mrs. Maude Vaughan, of Germantown, Pa., to Johnes B. Eager, of Boston, Mass. Mrs. Eager was the widow of the late Dr. Bernard Vaughan, who died about five years after their marriage. Eight years ago she became chief nurse of the Germantown Hospital, from which position she was soon promoted to the superintendency. She graduated in 1885 from the Newport Hospital, in Rhode Island.



#### Examining Board of Nurses of Virginia

The Graduate Nurses' Examining Board of Virginia held its second session at the Protestant Hospital, Norfolk, Va., Friday, May 27. The entire day, with only one hour for lunch, was given to the business of the Board, the following members being present: Miss Minor, Mrs. Glasgow, Miss Cabaniss and Miss de Lancey. Miss Watkins has signified her intention of resigning but has not officially done so. It was decided that we recognize the requirements of the boards of New York and Maryland, and that North Carolina be recognized for one year.

The subject "The Required Standard of the Training Schools" was discussed, and Miss Minor and Miss Cabaniss were appointed a committee to confer with the superintendents' committee as to the curriculum of study, etc.

About 85 (eighty-five) applications were examined, many of them demanding careful attention. A great lack of knowledge of the Act regulating the professional nursing of the sick was shown by the applications from nurses throughout the State, and it is regretted that nurses as a class do not take more interest in the nursing journals, where the law has been published and fully commented upon. It has also appeared in many of the newspapers throughout the State. Nearly a thousand copies of the law have been distributed by the secretary of the association and board, but evidently with little result as a knowledge bearer. It is hoped that the superintendent will bring this Act to the notice of their pupils as it is well for all to know that we are a profession and must be business-like and professional in our dealings with each other.

During the session of the House the past winter we have been threatened with amendments. Doctors with limited knowledge of the law and of the nursing profession, lawyers, whose practise you could not discover with a compound microscope, yet with commendable energy judg-

ing by the reams of foolscap they have written, have interested themselves in behalf of a few nurses who care nothing for the good of all and who have thought to intimidate the leaders in the movement by seeking such influence. But by the true legal wisdom of our counsel, Mr. Glasgow, who has so kindly befriended us, and by the tact and diplomacy of our president, Miss Cabaniss, we have steered clear of the political public and our law stands intact.

As in other professions who have established boards, in order to get the Act through, it was necessary to permit those who were then engaged in nursing to continue without examination provided application was made within twelve months from passage of the Act. Some hospital graduates have found it hard to understand the justice of giving a license to a non-graduate as well as the graduate, but this will prove to the ultimate elevation of the profession by not allowing any additional ones to come in.

To quote our counsel: "Any stand taken by the board to prevent the registry of those who held themselves out as professional nurses prior to the passage of the Act, or who were engaged in nursing as a calling when the Act was passed, would very likely lead to consequences not desirable."

If we would advance surely we must go slowly.

Up to May 13, 348 applications of practising nurses had been received; also about 60 or 70 pupils had filed applications without fees.

At the present writing 330 certificates have been issued, of the remainder some had to be returned for correction, others await replies to inquiries made. In the latter class we have some whose moral standing is somewhat doubtful—these nurses have thought to terrorize us with sheets of legal documents; others have thought it best to withdraw their applications. One nurse whose application came in after May 13 has been given a special examination by Misses Minor and Cabaniss.

The treasurer's book, May 13, 1904, shows receipts of \$1,753; expenditure, \$133.75, leaving a cash balance of \$1,619.25.

LEAH DE LANCEY, Secretary.



#### The Passaic General Hospital, N. J.

The following nurses Graduated June 14th: Eleanor Marie O'Neill, Jennie Van Blarcom, Margaret Lock Cochran, Nellie Kirk. The exercises were held at the Hospital Building, followed by a small reception at the Nurses' Home.



# The Modification

of cow's milk is a subject of great interest to physicians and nurses.

All infants, other than breast fed, are dependent on a modification of cow's milk for a suitable food. With some infants, there is no difficulty in providing a suitable modification, while with others, it is only after the most patient experimenting and most careful trials, that a suitable modification is obtained; then there are cases where it seems impossible to find any modification that suits.

The reason why cow's milk does not suit all babies, has been carefully investigated and it is agreed that certain fundamental principles must be observed in modifying milk. These fundamental rules are given in a book called "The Home Modification of Cow's Milk."

This book tells why and how to modify cow's milk and make it suitable for a nursing baby. The book is written without technical terms and is of special interest to nurses who may have infant cases.

75,000 of these books have been placed in the libraries of the physicians of the United States.

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# The Hospital Review

The inspection and dedication of the new medical laboratories of the University of Pennsylvania took place June 10, with appropriate ceremonies. The laboratories of pathology, physiology and pharmacology were open for inspection from 10 A. M. to 3 P. M. A number of interesting exhibits were displayed in the different portions of the laboratory, and the equipment of the several departments shown to those interested.

The new laboratory building is quadrangular in shape and is on the south side of Hamilton's Walk, between Thirty-sixth and Thirty-seventh Streets. The building is two stories in height above a high basement and measures 340 feet front by nearly 200 feet in depth. The long front faces north, securing a maximum amount of the best light for laboratory purposes. All along the front are arranged small rooms for research, rooms for professors and their assistants, a library, etc. These open into a private corridor, so that men employed in these rooms may pursue their work without interruption from students passing through the main halls.

The first floor of the new laboratories will be devoted to physiology and pharmacology. The portion assigned to the former consists of one large laboratory for practical instruction, one for general research work, twenty rooms devoted to sub-section teaching, research work, rooms for professors, etc. The section which will be devoted to pharmacology consists of one large laboratory for practical pharmacodynamics, a laboratory for teaching practical pharmacy, 44 feet by 142 feet; another for general pharmacodynamics, 44 feet by 65 feet; besides a museum and ten rooms for original research work, etc.

The second floor will be devoted exclusively to pathology. The entire north front of the building is devoted to laboratories for advanced students in pathology and pathological bacteriology, and to the special research and assistants' rooms. Each of the advanced laboratories measures 31 feet by 44 feet. The east wing accommodates the laboratory of experimental pathology, while the west wing is occupied by the museum of pathological specimens. This latter, which measures 44 feet by 65 feet, adjoins the demonstration hall of morbid anatomy, which hall communicates with the general pathological-histological laboratory. The latter laboratory, the front of which

is to consist almost entirely of glass, is located in a section of the building looking north into a spacious court. This room, 37 feet by 100 feet, will seat one hundred students, and will be devoted entirely to microscopical work, for which, on account of the excellent lighting, it will be admirably adapted. In order to combine in one harmonious whole the study of the microscopical features of the diseased organs and the gross alterations in them, the pathological-histological laboratory, the laboratory of morbid or gross pathological anatomy, and the museum of pathology are made closely communicating and freely accessible one from the other. Another section of the building, of equal size with the first, and also looking north into the court, is sub-divided into two smaller laboratories for instruction in neuro-pathology (pathology of the nervous system), surgical pathology and practical clinical pathology (the examinations of secretions and excretions of patients). Finally, the west wing of the building will also provide for photographic and microphotographic outfits. The capacity of the laboratories, the number of research rooms, and the provision for securing abundant light at all seasons, mark it as modern beyond comparison. There are four lecture rooms in the building. The two known as "demonstration rooms" each seat 185 students. At the rear of the building there are two large lecture rooms, each seating 400 students. To avoid confusion between lectures the corridors and stairways are so arranged that one class may enter the large lecture room from one side as the other class leaves it from the opposite side.

The architectural construction of the entire group corresponds with that of the dormitories of the University, the same architects having designed the new laboratories.

•

The Sixty-Fifth Annual Report of the Columbus Ohio State Hospital contains the following interesting information:

The health of the patients during the past year has been fully up to the average of former years. The excellent hygienic conditions of the hospital have produced this favorable result.

Dr. Stockton, the superintendent, has maintained the training school for attendants with good results, under the efficient management of

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by Carbonated Saline Baths is given with the Triton Effervescent Bath Salts. Results identical with those obtainable at Nauheim are produced. This method of treatment is indispensable in many forms of **Cardiac Disease**, and is of the greatest value in **Rheumatism, Neurasthenia**, and wherever a disordered circulation plays a part.

Among many to whom we have permission to refer are: Dr. Simon Baruch and Dr. Wm. H. Thomson of New York; Dr. R. H. Babcock and Dr. Clarke Gaper of Chicago; Dr. Alfred Abrams of San Francisco.

We shall be glad to send our manual on request.

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WHEN a man builds a house he takes care to first prepare a firm foundation.

When a physician begins the treatment of an anæmic or chlorotic patient, he must first consider the "building of the blood," the fountain and foundation of healthy life.

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Supplies the necessary oxygen and haemoglobin-carrying elements and thus successfully builds from the foundation upwards in cases of

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Prescribe PEPTO-MANGAN "GUDE" in original 3 xl bottles to avoid substitution. IT'S NEVER SOLD IN BULK.

**M. J. BREITENBACH COMPANY,**  
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Miss Marshall, from which there has graduated this past year, thirteen members, eight women and five men.

The floral department has been carefully managed and with good results; the patients receiving the benefit of the products of the greenhouse.

The average daily population during the year has been 1,409 patients, of which number 759 were males and 652 females. The number of patients admitted during the year was 433, of which 263 were males and 170 were females. The report of the superintendent shows that the total number of patients under treatment during the year was 1,939, of which 1,062 were males and 877 were females.

The recovery of those admitted during the year has been 38.91 per cent., while the death rate for the same period amounts to the number of 140, 78 being males and 62 females.

The cost of maintenance for the year has been \$139.22 per capita. This is regarded as an excellent showing, and indicating splendid management upon the part of the superintendent and steward, especially when the largely increased cost of the many articles entering into the consumption is considered.

The current expenses for the year ending November 15, 1903, were \$187,736.62. Officers' salaries, \$8,436.26, in all making a total from the State treasury of \$196,173.88.

There are no deficiencies this year except in officers' salaries, which were occasioned by the failure of the legislature to appropriate to carry out the new law increasing officers' salaries. By the careful and vigilant management of the steward, Mr. O. L. Anderson, the institution has prospered greatly in all respects. In his department the institution has maintained a very high standard of economical management. He is to be congratulated upon his excellent showing in the care and diligence bestowed upon the purchases he has made for the institution. In this direction the State has been saved many thousand dollars.

The competitive method of purchasing supplies has been followed to some extent but with only fair results, experience showing that supplies can be purchased in the open market at prices as favorable, and in many cases more so, than under the competitive system.

✧

**The Waltham (Mass.) Hospital Corporation** has taken steps toward the erection of a new ward for infectious diseases, to be known as the Lawrence Ward. The plans call for a two-story

building constructed of concrete throughout, and to cost \$26,500. It will be located south of the present building and near the Weston House, which is used as a hospital nurses' home. It will be erected in memory of Francis J. and Martha B. Lawrence, whose bequests have made the new contagious ward possible. Work will be begun immediately.

✧

The fortieth anniversary of the dedication of the Boston City Hospital was appropriately recognized May 24 by the formal opening of two large new buildings, which, as well as the older buildings, were inspected by Mayor Collins, the board of trustees, the Hon. A. Shuman, chairman, and representatives of the city government.

The visitors were first shown through the outpatient department, at the north end of the grounds.

The surgical department for men, to occupy the entire lower floor, was not ready for use, but on the second floor a considerable number of women and children were waiting for attention from the hospital surgeons.

It was upon the third floor, the eye and ear department, that the visitors were most emphatic in their praise. In this department every known device for the examination and treatment of these organs has been installed. The western end of this floor is devoted to the treatment of the throat. Here is a surgeon's room, two examining rooms and an operating room.

The inspecting party next visited the other new building, embracing wards K, L and M, at the extreme western end of the hospital grounds, adjacent to Albany Street. Like the outpatients' building, it is three stories high, built of brick and has ample fire escapes. On each floor are 14 ward rooms with facilities to accommodate two patients each. Of these, 10 are on the Albany Street side, where they will receive much sunshine and the benefit of the breeze from South Bay. On each floor also there are linen rooms, duty rooms, where patients' meals are prepared, and bathrooms. A large square room on the first floor is adorned with pictures of famous surgeons and trustees of the institution since its dedication, forty years ago.

The visitors then made a hurried inspection of the other buildings, especial attention being given to the quarters devoted to the X-ray. Superintendent George H. Rowe then threw open the doors of the hospital library, where an excellent luncheon was served, which had been prepared

# ANTIPHLOGISTINE



SHOWING THE METHOD OF APPLYING ANTIPHLOGISTINE TO THE THORACIC WALLS—FRONT, BACK AND SIDES—FOR DOUBLE PNEUMONIA.

## FOR PNEUMONIA

The Nurse should note carefully the following directions:

Always heat Antiphlogistine in the original container by placing in hot water. Needless exposure to the air or water impairs its usefulness.

Prepare the patient in a warm room. Lay him on his side and spread Antiphlogistine thick and hot as can be borne over one half the thoracic walls. Cover immediately with a cotton-lined cheesecloth jacket, previously made and warmed. Roll patient over on dressed side and complete the application. Stitch front of jacket to obtain the desired pressure (splinting).

Dressings should be made as rapidly as possible.

Antiphlogistine stimulates the cutaneous reflexes, causing a dilation of the superficial and coincidently contraction of the deep blood-vessels. Through this action and affinity for moisture, it flushes the superficial capillaries — bleeds but saves the blood.



SHOWING ANTIPHLOGISTINE AND COTTON JACKET COMPLETE AS INDICATED IN DOUBLE PNEUMONIA.



IN FROM TWELVE TO THIRTY-SIX HOURS IT WILL PEEL OFF NICELY LEAVING THE SKIN COMPARATIVELY CLEAR.

The circulation is thus favorably affected, congestion and pain relieved, the pulse improves, temperature declines, the muscular and vascular systems relax and rest and sleep usually follow.

Never fail to secure full and original packages—Small, Medium, Large or Hospital Size.

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DENVER CHEMICAL  
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entirely by the culinary department of the hospital.

The Hon. A. Shuman, chairman of the board of trustees, delivered an address in which was set forth the wonderful growth of the institution and its vast benefit to suffering humanity. Mayor Collins replied briefly, paying high tribute to the work of the staff under Dr. Rowe.

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**The New York State Hospital for the Care of Crippled and Deformed Children**, located at Tarrytown, N. Y., was established "for the care and treatment of any indigent children who may have resided in the State of New York for a period not less than one year, who are crippled and deformed, or are suffering from a disease from which they are likely to become crippled or deformed." The third annual report shows the excellent results obtained from the work of the institution. The board of managers wish the names and addresses of poor children who are eligible for admission. Letters should be addressed to the surgeon-in-chief at the hospital.

~

**The corner stone** of the proposed new National Homeopathic Hospital, now in course of construction at the corner of Second and N

Streets, northwest, Washington, D. C., was laid June 9 in the presence of several hundred spectators, including about 100 specially invited guests of the institution. The principal address was delivered by Commissioner Henry B. F. Macfarland, and music for the exercises was furnished by Haley's orchestra.

On a stand erected near one corner of the foundation the officers of the hospital and the guests were seated. Rev. Dr. Randolph H. McKim, rector of the Church of the Epiphany, offered the invocation, and after a selection by the orchestra Mr. Charles Lyman read the certificate of incorporation and gave a brief history of the National Homeopathic Hospital. He declared that it is the purpose of the officers and friends of the hospital to make the local institution national in character.

Following a selection by a quartet, Mr. Lyman introduced Commissioner Macfarland, who stated that he brought the congratulations and good wishes of the commissioners of the district.

At the conclusion of Mr. Macfarland's address Dr. Ralph Jenkins, president of the board of trustees of the hospital, placed the corner stone in position. Music by the orchestra concluded the exercises.

#### **New Jersey Institute Nurses' A. A.**

The fourth annual meeting of the Alumnae Association of the West Jersey Institute for Training Nurses, Camden, N. J., was held in the alumnae room on the afternoon of June 9.

In the absence of the president and vice-president, Mrs. E. K. Lawrence presided.

Three new members were elected: Misses Lillie Sheppard, Florence M. McArdle, Juliet McGalliard.

The officers elected were: president, Mrs. Anna Giersch Merges; vice-president, Mrs. Elizabeth K. Lawrence; secretary, Miss Mary A. Craig, 319 Benson Street; treasurer, Miss Jennie B. Fix, 941 North Twenty-fifth Street; executive committee, Misses Lilian Macferren, Emilie I. Raub, Florence M. McArdle.

The following resolution was adopted:

*Whereas*, The Misses Mary McHugh, Louie Leeds, and Nancy Bowden, undergraduates of the training school of the West Jersey Homeopathic Hospital, have left the same and are now representing themselves to the public as graduates of that institution; and

*Whereas*, By reason of their short term of service they are not competent to rank with those having completed the course required of the graduates, therefore, be it

*Resolved*, By the Alumnae Association of the West Jersey Institute for Training Nurses, that the Nurse Committee of the West Jersey Homeopathic Hospital be requested to take such action in the matter as will protect the reputation of the graduates of said training school.

The managers of the hospital entertained the alumnae at tea.

In the evening the commencement exercises were held in the hospital parlor. Dr. E. M. Howard presided.

The degree of medical and surgical nurse was conferred upon the four graduates.

The program consisted of vocal and instrumental music, prayer by Rev. S. Turner Foster, Boston, Mass.; address, John W. Lyell, D.D., First Baptist Church; presentation of diplomas, Mr. Jarvis A. Wood, trustee.

A reception to the graduates followed the exercises. MARY A. CRAIG, M. S. N., Secretary.

The best substitute for, or adjuvant to, the MOTHER'S MILK

**THE "ALLENBURYS" FOODS**



- MILK FOOD "No. 1"**  
For infants from birth to three months of age.
- MILK FOOD "No. 2"**  
For infants between the ages of three and six months.
- MALTED FOOD "No. 3"**  
For children of six months and upwards.

The  
**"Allenburys" Milk Food No. 1**

is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast without fear of upsetting the young infant.

The "Series" is so arranged that each "Food" affords the maximum amount of nourishment which, at the period for which it is intended, the organs of the child can with perfect ease digest.

Evidence of the great value of our system of infant feeding is constantly accumulating through letters received from nearly all parts of the world, not only from parents, but also from prominent members of the medical profession, telling of the very gratifying results attending their use of the "Allenburys" Foods, often in cases apparently hopeless, and after many other artificial foods and modified milk had been tried.

**SAMPLES SENT ON REQUEST**

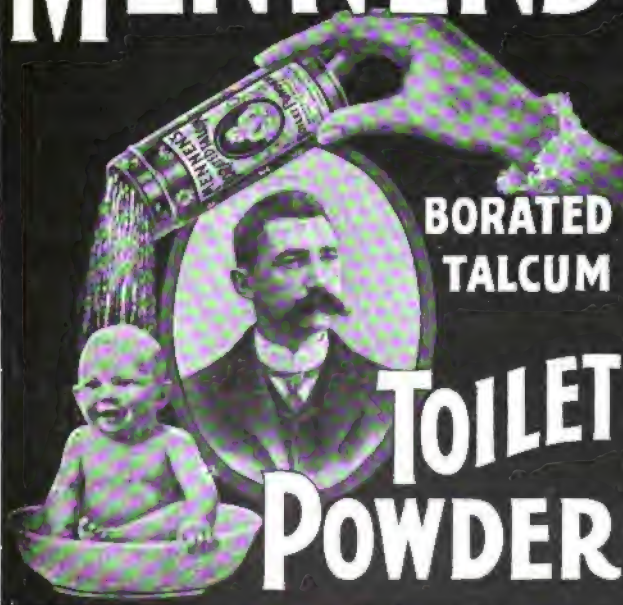
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# MENNEN'S



**Delightful After Bathing: A Luxury After Shaving**

A positive relief for Prickly Heat, Chafing and Sunburn, and all Afflictions of the Skin. Removes All Odor of Perspiration.

**GET MENNEN'S**—the only genuine with a National reputation as a perfect Toilet Requisite. "A little higher in price but a reason for it." The inventor's portrait on box cover is a guarantee of absolute purity.

Approved by the Medical Profession and Trained Nurses for the use of Infants and Adults. Refuse all other Powders which are liable to do harm. Avoid harmful imitations.

Sold everywhere, or mailed for 25 Cents. (Sample free.)

**GERHARD MENNEN CHEMICAL CO.** NEWARK N. J.



# New Remedies and Appliances

## Rubber Cushions for General Surgical, Gynecological and Obstetric Use

It is now seventeen years since I first described my Perineal and Ovariectomy Drainage Cushions (see *American Journal of Obstetrics*, 1887, page 1029; the following year I added a cushion for general surgical purposes (*New York Medical Journal*, April 28, 1888), and again in 1892 (*New York Medical Record*, December 3) I described the obstetric cushion. Since then these simple aids to our surgical technic have proven sufficiently valuable to come into world-wide use, constantly taking the place of specially constructed tables in extemporized operations, and obviating the necessity for attachments to the regular surgical tables by providing effective drainage from the wound area to the receptacle on the floor. They are of constant service in saving the patient's person from being soiled beyond the field of operation, as well as in protecting the under clothing and night dress, and shielding the beds and sheets from contamination.

The cushions in use up to the present date, while affording efficient drainage, have been open to the objection that they are difficult to clean in the narrow recess of the apron under the rounded rim. I sought to meet this difficulty about fifteen years ago by attaching the rubber apron at the middle of the rounded rim, so that the cushion could be used with either side up, and I then had a cushion made after this pattern by a well-known firm dealing in rubber goods in Philadelphia, but it did not prove satisfactory, as it was too shallow and I abandoned it.

The lingering objection to the earliest styles of drainage cushions has at last been obviated by Meinecke & Company, of New York, manufacturers of advanced specialties for hospitals, by constructing the inner surface of the inflated rim in the form of a vertical wall, which joins the floor of the cushion at a right angle. In this way, while all the depth of the original cushion is kept (and even slightly increased), no part is concealed from view, there is no crevice, and perfect cleanliness is possible.

The small square cushion of this pattern, commonly called "perineal" size, is 15 inches wide;

the standard operating size is 20 inches wide, and a large operating size is made 24 inches wide.

The 20-inch size is the one most generally used.

The obstetric cushion is made with a reversible closed sleeve, which hooks up to the rim in such a manner as to catch amnion, blood and placenta, which collected in this pocket can be transported to the bathroom, weighed and inspected, without the use of any other vessel.

In using the cushions for gynecological and general surgery, it is best to lay a sterilized towel between the cushion and the patient. I would also use a sterilized towel or gauze in all obstetrical cases. My own practise is to consume from one half pound to one pound of sterilized absorbent cotton in each obstetric case, unrolling and tearing off a good handful of the cotton at a time, and stuffing it between the buttocks below the vulva. When a wad is saturated or soiled, I drop it into the receptacle formed by the apron and substitute another piece. In this way the patient is kept clean throughout. A proper use of the obstetric pad quite does away with the customary wash-woman's tax (sometimes as much as \$5 for a single wash) which she often levies for handling the soiled linen after the arrival of a baby.

I am in the habit of sterilizing my cushions by soaking them for twenty-four hours in a bichloride solution 1-1,000, or even 1-500. This has never seemed to hurt the rubber; the valve of course must be kept out. If there is much odor clinging to the rubber, Labarraque's solution will correct it.

Extract from an interesting illustrated booklet on "The Kelly Pad," issued by Meinecke & Co., Makers of Advanced Specialties for Hospital and Sickroom, 48 and 50 Park Place, New York.

Write for their "New Catalogue of Advanced Specialties for the Sickroom and Hospital."

&

## Passiflora

Daniel's Conct. Tinct. Passiflora Incarnata calms and rejuvenates the whole nervous system. The most satisfactory results have been obtained from it in women's diseases, especially for the nervousness preceding and during childbirth. It allays irritation and all tendency toward





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are the best published

Endorsed by all the  
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History Sheets, Operation Blanks, Bed-  
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**Hospital Bedsteads  
AND  
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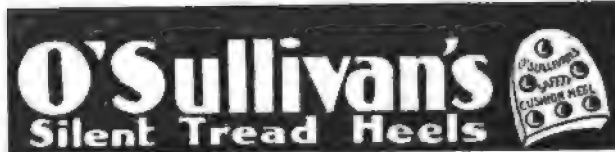
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HARTFORD, CONN.**

# The New Rubber Muscle



The gaining and retaining of strength is just as important to the nurse as it is to her patient. Strength saved is as good as strength acquired.

Putting on O'Sullivan Rubber Heels, so far as the end in view is concerned, is like training in a gymnasium—to acquire muscle to prevent the loss of energy.

Put this theory into practice and—prove it.

Attached by all dealers for 50c. pair, or sent by mail for 35c. pair.

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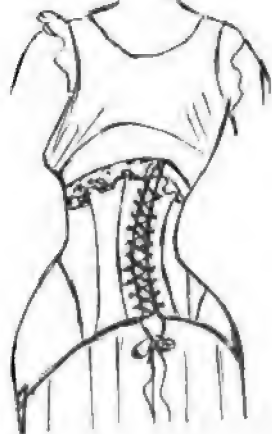


## BERTHE MAY'S MATERNITY CORSET

Recommended at all stages of pregnancy,  
and during convalescence. Can be  
enlarged from time to time.

A safety both for the mother and child; a  
valuable help for the doctor and nurse. Numer-  
ous testimonials. *Correspondence Solicited  
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hysteria, gives refreshing rest during the period of recuperation, and quickly restores the accustomed strength. *Passiflora* exerts a sedative influence upon the mucous surfaces of the entire urinary tract. As one physician expressed it: "Give Daniel's *Passiflora* regularly, as indicated, and leave the rest to Nature."

~

#### A Case of Idiopathic Anemia

During May, 1903, Mr. B. H., aged forty-eight years, gave up his work as mail-carrier and took to his house and shortly after to his bed. He received good medical treatment, but steadily failed till he seemed almost bloodless. During the autumn he was taken to Clifton Springs Sanitarium, where a blood count showed 1,500,000 red corpuscles to a cubic c.mm., and he was sent home as a case not suited to treatment. Less than three weeks ago I first saw him. He was confined to bed, dropsical, nearly bloodless, not greatly emaciated, hardly able to express an idea, brain being almost inactive. He had always chewed tobacco excessively; this I stopped abruptly and completely, I put him on Peptomangan (Gude), and gave him 1-20 gr. of arsenious acid in tablet form once daily.

For five days he lay partly comatose, then began to revive, and from that time on has improved very rapidly.—CHAS. L. LANG, M.D., Weedsport, N. Y., in *St. Louis Medical Era*.

~

#### Can Still Fill All Orders

LAKESIDE PUBLISHING CO.:

*Gentlemen:* On May 26, four out of the nine buildings which constituted our manufacturing plant were destroyed by fire. Fortunately, our new building, containing 24,000 feet of floor space, in which was stored the bulk of our manufactured products, escaped unharmed. This will enable us to take care of our trade quite satisfactorily, so far as our line of regular pharmaceutical and specialty preparations go, and we expect to be in a position to make up all special formulas that may come to us after ten days or two weeks. From the fact that we have been reported as having been completely burned out, and in consequence would not be able to fill any orders for two or three months, we would be pleased to have you make mention in your next issue of the facts in the case. Very truly yours,

THE NORWICH PHARMACAL CO.,

(Signed) A. B. Stewart.

~

#### Worth Seeing at the Fair

We wish to call the attention of nurses to the

fact that we shall have an exhibit at the Louisiana Purchase Exposition, under the supervision of Lewis S. Matthews & Co., who are local book dealers in St. Louis, and will have an extensive exhibit of medical books. Chas. A. Laws Company, 302 Dearborn Street, Chicago, Ill., dealers in all forms of Nurses' Charts and Records. See our advertisement in the TRAINED NURSE.

~

#### The Model Play Grounds

The Model Play Grounds, on the Model Street, at the World's Fair, St. Louis, under the management of Mrs. Hirschfeld, was formally opened early in June. The committee which assisted Mrs. Hirschfeld was composed of the following ladies: Mrs. Mary Phelps Montgomery, Miss Helen Gould and Mrs. Moores from the Board of Lady Managers; Mrs. John T. Davis, Mrs. Lucy Semple Ames, Mrs. Henry Turner, Mrs. D. C. Nugent, Mrs. W. E. Fischel, Mrs. Philip N. Moore, Mrs. Geo. W. Parker, Mrs. Ashley D. Scott, Mrs. F. J. V. Skiff, Mrs. D. M. Houser, Mrs. Chas. Filley, Mrs. Frank O'Fallon, Mrs. Louis McCall, Mrs. Chas. Nagel, Miss Hayward, Mrs. Norris Gregg and Mrs. D. R. Francis.

In connection with this Model Playground, arrangements have been perfected to take care of infants as well as children, and the manufacturers of Eskay's Food have provided two experienced nurses who will carefully look after all babies left at the Model Day Nursery, and their diet during the time they are left there will be Eskay's Food, excepting in cases where the physician directs that some other food shall be used.

This Food is also served in Space No. 71, Aisle A, Agricultural Building, and those interested in a food for infants or invalids will do well when visiting the Exposition to stop at the Eskay's Food booth and familiarize themselves with the palatability and marked nourishing properties of Eskay's Food.

~

#### A Mine of Health

A well-known physician in Southern Massachusetts says: "I do not feel that I am giving my patients their due or furnishing what the sick-room requires without O'Sullivan Rubber Heels on my shoes. But I wear them mainly for the comfort I get from them myself. And this has taught me to prescribe them for patients suffering from nervous and muscular troubles."

There is always a response from new rubber, which is more than can be said for some drugs.

Another, a very famous doctor, says that he wears O'Sullivan Heels because "they are a mine



THE STORY OF  
**Highland Brand**  
**Evaporated Cream**

IS ONE OF PURITY—PURE MILK.  
THE SIMPLEST YET MOST COMPLETE  
SUBSTITUTE FOOD FOR INFANTS

**F**ROM model dairy farms we obtain the best cow's milk,—*milk of highest quality*,—sterilize it and evaporate it down to a cream-like consistency by a process special with us.

¶ Intricate mathematical formulæ and complicated modifications are not necessary, but CLEAN MILK IS ABSOLUTELY ESSENTIAL IN INFANT-FEEDING. Peddled milk, as supplied in most cities and towns, is unsafe for young infants and a menace to the health of adults. HIGHLAND BRAND EVAPORATED CREAM is the cleanest of milk,—*pure, germ-free, of uniform composition*. More easily digested and more readily assimilated than raw milk. ALWAYS READY,—JUST DILUTE WITH WATER Q. S. AND GIVE TO BABY.



TRIAL QUANTITY SENT TO NURSES ON REQUEST

Manufactured by

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**HIGHLAND, ILLINOIS**

When you write Advertisers, please mention THE TRAINED NURSE

of health," and worth \$35 instead of 35c. to those in need of rubber cushions.

✧

#### **Ergo Apiol (Smith)**

A lady some time ago brought her daughter to my office for treatment of amenorrhea. The girl was 18 years old and was visibly anemic. She had an indifferent appetite and was more or less dispirited. She had enough menstrual flow each month to stain the napkin, but this was all that could be said. I had this patient to take Ergo-apiol (Smith), one capsule after each meal, and on going to bed regularly for a month. At the next menstrual period the discharge was without pain and free, and the quantity and color was as natural as she had ever known her menstruation to be. She took Ergoapiol (Smith) in the same way another month, and then ceased to have any further trouble.—E. C. WILLEY, M.D., Louisville, Ky.

✧

#### **Danger from Impure Milk**

The high infant mortality in all parts of this country, and particularly in large cities, has caused some interesting investigation of the milk supply.

In Baltimore, Bassett & Knox examined a large number of samples of milk supplied to babies in hospitals and found an average bacterial content of over four million to the c.c. The New York Board of Health found many samples last summer running ten millions to the c.c. A few years ago at Stamford, Conn., over four hundred cases of typhoid fever developed in families supplied from a single dairy. These are but a few instances of the grave dangers to which infants as well as adults are subjected.

For obvious reasons cow's milk must be the principal substitute for mother's milk when, from any cause, the child cannot be fed at the breast. It must also constitute an important part of the dietary of breast-fed children after they are weaned. It has been well established that the number of cases of cholera infantum and allied conditions in a community decrease in direct proportion to the purity of the milk supply. In the Highland Brand evaporated cream the physician will find an absolutely pure milk which can be modified to meet every indication. It is simply full-cream cow's milk evaporated and sterilized by a special process which improves its digestibility and insures an excellent flavor. It is manufactured under the strictest supervision and is absolutely germ free. It is the simplest yet most complete food for infants not nursed at the breast.

#### **Amolin**

Why not send for a full-sized package of Amolin Toilet Powder and give it a trial?

During the heated season the necessity for using some deodorant toilet powder is greatly increased. Those who have once used it are never without it on the toilet table. It absolutely removes all odor of perspiration, and is invaluable in the sickroom for deodorizing dressings on suppurating wounds or vaginal discharges. For address see our advertisement in this issue. A postal card will bring the powder. You will be pleased with it and will tell your friends.

✧

#### **Save the Babies**

Every nurse should post herself upon the wonderful curative power of Man-a-*cea* water, which is a natural spring water, possessing powerful properties.

It cures any derangement of the digestive tract; whether it be simple indigestion, chronic diarrhea or dysentery. The results obtained in treating children, from colic to cholera infantum, are marvelous. This is the time to help save the babies who die in countless numbers from intestinal diseases. Man-a-*cea* gives them instant relief and usually cures in twenty-four hours. Every nurse can recommend it to sufferers, young or old, without transgressing the code of ethics, and we are so eager to have you try it, that each nurse calling at headquarters—see our advertisement in this number—will be given a half gallon bottle free—to try upon herself or her friends. A finer table water cannot be found.

✧

#### **Hygiene in Maternity Free**

A forty-eight page booklet, full of practical advice to the obstetric nurse and prospective mother—*free*.

"Hygiene in Maternity" was compiled from the suggestions of over one thousand specialists on obstetrics, and written in language comprehensible to the laity. It gives practical hints to the nurse and advises the prospective mother how to care for herself in pregnancy and what to provide against the time of labor. It gives suggestions as to diet, exercise, care of infant; bathing, bandaging and feeding.

See Lister's Towel advertisement on another page of this magazine.

✧

#### **Horlick's Milk**

It is well known that adult patients do not relish milk for any length of time, as it is usually administered, in the course of acute or chronic

# WOMEN IN PREGNANCY



For nausea in pregnancy, for convalescents, and for patients suffering from general gastric disturbances, Physicians will find an Exceptional Food in



## BURNHAM'S CLAM BOUILLON

(Absolutely Free from Any Preservative)

The list of liquid foods that can be used in such cases is exceedingly limited and the Physician is often harassed to find a food that will be acceptable and appeal to the patient's appetite. In such emergencies BURNHAM'S CLAM BOUILLON has been known and has been prescribed for years by some of the Leading Physicians. It is unlike any other liquid food, in that when prepared it presents an appetizing appearance and a tempting odor. It is a decided change from the ordinary delicacies for the sickroom. It is enthusiastically welcomed, as the average layman knows the value of the juice of the clam as a beverage, as strengthening and tonic in its effect, both to the stomach and the nervous system. An especially attractive feature

about BURNHAM'S CLAM BOUILLON consists in the fact that it is bottled in glass, being sold in pints and half-pints. This assures not only cleanliness and convenience in the serving, but perfect purity and freshness while using in the sickroom. All the leading apothecaries and grocers sell it.

**E. S. BURNHAM CO.** Manufacturers and Packers. 53 to 61 Gansevoort St., NEW YORK



## To Superintendents and Nurses

To obtain an antiseptic and germicide the equal of Bichloride and Carbolic, without their dangerous features, has indeed been a study with the friends as well as the foes of these corrosive agents. We believe in

## Tyree's Antiseptic Powder

we have solved the problem. This statement carries with it the opinions of gentlemen eminently qualified to pass upon the therapeutic value of any chemical agent. Its use has hitherto been confined to obstetrical and gynecological work; recent experiments in the hospitals of this country and London indicate its equal value in general, rectal, laryngeal and oral surgery, whether of operative or mechanical application.

Should you feel sufficiently interested in this subject, by returning to us a postal card, we will, with pleasure, mail you a sample of this product free. In this connection, permit us to assure you that this is not done with a view of securing your name for publication. Our sole object is to acquaint you personally with the value of this agent. The preparation from its introduction to the present day has been purveyed only through strictly ethical channels. The formula has been freely published.

**J. S. TYREE, Chemist, Washington, D. C.**

diseases. For this reason the efficacy of milk feeding is increased a hundredfold by relying upon Horlick's Malted Milk in the treatment of typhoid fever, alcoholism, pneumonia, Bright's Disease and morbid conditions of this character. It has a delicious, appetizing flavor, does not constipate, is readily assimilated, leaving little waste matter, so that the organism is given an ample opportunity to eliminate toxic products through the natural channels, thus obviating one of the greatest drawbacks to the carrying out of successful dietetic measures in diseased states.



#### Alcohol Free of Tax in Hospitals for Bathing

Under the old ruling of the Government, alcohol, pure and simple, could not be used for bathing patients. Many hospitals, upon inquiring as to whether they could put the alcohol to this use, receiving an answer in the negative, did not think it worth the trouble to obtain their alcohol free of tax, and the compounding of pharmaceutical preparations allowed by the statutes has remained a vexed question for many a hospital official.

The problem has, however, been solved beyond a question for all concerned by the Government, and under certain conditions alcohol can now be used for the bathing of patients, and can also be used in surgical operations.

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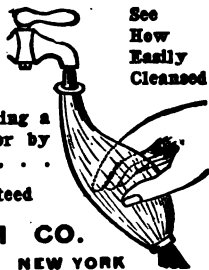
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## The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in  
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Conducted by  
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NEW YORK :  
LAKESIDE PUBLISHING COMPANY  
PUBLISHERS

(Published Monthly.)

NEW YORK OFFICE—Metropolitan Building.  
BOSTON OFFICE—With Old Corner Book Store,  
27 Bromfield Street.

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Annual Subscription, post-paid	:	-	-	-	\$2.00
Single Copies	-	-	-	-	.20

*Entered as second-class matter at the New York Post Office,  
March 14th, 1901.*

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### Send News When It Is News

We regret that a dozen or more interesting items cannot be published in this number of THE TRAINED NURSE because they were so late in reaching us. THE TRAINED NURSE AND HOSPITAL REVIEW has a double function. It is both an educational magazine and a magazine of news. For this reason we make great efforts to hold open at least one page far back in the magazine till the very last moment for all news items which reach us after the regular departments have been closed. We call this page "Nursing World, Continued, Too late for classification." But even this page has to be printed some time, and often after this page has been made ready, news items still pour in. It is impossible to add extra pages at the last moment when more than half the magazine is already printed and all the other pages are already filled. So, much to our regret, many interesting items are frequently left over till the next number. We advise every nurse who has any items of news to send them to us at the very earliest possible moment after the occurrence of the event, in order to insure publication in the succeeding number.

&

### Thanks Acknowledged

We wish to thank Mr. F. F. Proctor for his kindness in sending us a generous number of tickets to his excellent attractions.

In an ethical magazine of this character we are unfortunately unable to give him the reading notices which our gratitude prompts and which his generosity deserves. However, we do not think that it is out of place to assure any of our readers who are in search of relaxation, or who perhaps desire to cheer up a convalescent patient, that at Mr. F. F. Proctor's Theatres will always be found pleasing bills of great interest and attractiveness.

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### Notice

Almost every day the Editor receives letters from nurses who contemplate moving, and write to ask her for the addresses of good registries, nurses' homes, etc., in the city to which they are going.

These are always answered to the best of our ability, but we are anxious to increase the number of registries on our list. We therefore request our subscribers to send us the names and addresses of all first-class registries, where they live.



# The Trained Nurse and Hospital Review

Vol. XXXIV

NEW YORK, AUGUST, 1904

No. 2

## A Brief History of Nursing

Charlotte Mandeville Perry

Superintendent Faxon Hospital, Utica, N. Y.

**A**S A WORK to which the gentler sex is especially adapted, the history of nursing carries us back to the beginning of the world, when sickness and death had entered as a sequence to the "fall." If woman was the prime mover in that act, it was she who first, by her tender ministrations, sought to alleviate pain, to stay the hand of death, to undo the past by applying the remedy. Even in the pagan world this law of kindness in the heart of woman prevailed, and while the man of war goes forth amid the clank of arms to the battlefield, woman remains at home, studying the nature of herbs, the potency of charms and rites; or, stealing forth to the scene of warfare, she waits till she may claim her wounded and dying. Homer, 1000 B. C., gives a picture of Greek maidens bathing the wounds and gently rubbing the strained limbs of warriors. Some attempt to soothe pain was being made long before any shelter was provided for the sick, or institutions erected specially for the purpose of caring for them. Gradually, hospitals proper came into being; and later, within the limits of our own age, training schools were introduced.

In this short sketch, it is my object merely to outline the stages of development, down to the time when hospitals are fully equipped, and training schools established; and at the same time to touch upon the present status of

nursing, upon nursing standards and ethics, modes of organizations, and upon the efforts put forth toward a real progress. Nursing in its highest sense will appear as a consecrated form of service of which religion is an essential part, manifesting itself first in tender impulse; then under strict conventual rule; and, lastly, in the deepening of the ethical sense in an age of freedom.

Strange as it may seem, the relation of hospitals and of trained nursing to the care of the sick has been slowly realized. Only within the last half century had the fact presented itself with any force to the minds of the laity. But it will easily be seen that the relief of suffering depends largely upon the surroundings of the patient—upon professional skill, scientific knowledge, and upon facilities at hand in the care of him. Intelligent ministration awaits the progress of science, so that the history of hospitals, and, what is of great interest, the discoveries of eminent medical men, bears directly upon nursing. It would be pleasant to dwell longer than a short sketch of this kind will permit upon the genius which made itself remarkably conspicuous in an age when the amount of scientific knowledge was small.

Hippocrates, 460-380 B. C., the "Father of Medicine," from whose name we derive the phrase "Hippocratic Oath" (reminding us of the sacredness of all confidences im-

parted by the sick), made the first attempt to place medicine upon a scientific basis. He represents a time when families looked after their own sick. Gymnasia were used for the purpose of giving massage and medical gymnastics—practised at so remote a period, and strongly urged by him, especially during the stage of convalescence. He recommended that the rubbing should be up rather than down—though, as he supposed that the blood-vessels were filled with air, he could not have explained the reason for stroking in that direction.

Galen, 130–200 A. D., was a writer whose books for a thousand years were the chief source of medical authority. But he found no opportunity for clinical instruction. It is in the East, where the instinct of hospitality was a marked characteristic, that we first find buildings erected for the sick, as well as for the wayfaring man, the blind and the aged. The Greeks had next to no hospitals, but there is a long list of names of illustrious physicians who founded schools, and whose theories “raised the art of medicine from a system of superstitious rites to the dignity of a learned profession.” The care of the sick had always been in the hands of the pagan priests. These Greek physicians attained a high repute—they made themselves heard through the thick darkness of ignorance which then prevailed—when the human body, the crown of creation, was even less understood than Nature herself.

The advent of Christianity, the religion of divine compassion, raised sickness and the ministry it calls for to a higher level than it had ever known, giving to sickness its true meaning, and teaching, in the doctrine of the resurrection, the sacredness which that belief imparts to a calling in itself humane. In the monastic *Infirmaria* we find the origin of the hospital idea. During the ages of military warfare, especially in the Western Empire, when kingdoms were rising and falling and the whole world was in a state of agitation,

there was not much opportunity for the development of hospitals nor for that scientific investigation which calls for a time of peace.

Coming to the Middle Ages, we find nursing carried on almost wholly by the religious orders, such as “the Franciscans, the Augustinians; or the Hospital Sisters of St. Catherine and of St. Elizabeth, who were specially devoted to nursing.” Institutions for the sick clustered about church edifices, and the pastors controlled the work of the Sister of Mercy. This spiritual direction was handed down and Germany to-day maintains the conventual rule, though she is now evangelical in her belief. In her present order of deaconesses we find the system from which we have inherited many of our methods of hospital management. Before the degeneration which culminated in the nineteenth century had begun to manifest itself, it is interesting to note the impulse given to sick nursing in the founding of such hospitals as that of St. Spirito, at Rome; so long the model for houses devoted to the sick, it remains to-day, though altered to fit the needs of the times, a lasting monument of that far away century. The nursing was done by the monks belonging to the Order of the Holy Ghost—founded by Guy de Montpellier. During the Crusades, the medieval knights established hospitals for leprosy and other loathesome diseases, which were called Lazar Houses. Women of noble birth offered to care for the unfortunate sufferers, even to the sacrificing of their lives. This was the more commendable in an age when repulsive diseases were supposed to be the result of the moral depravity of the afflicted one. In the fifteenth and sixteenth centuries, great attention was paid to the elaboration of religious vows, which placed a restriction upon the amount of time devoted to the nursing work of the sisters. Recognizing this, St. Vincent de Paul started a sisterhood whose chief office it was to care for the sick. Secular nursing takes its origin from this conception of the

true Sister of Mercy, who should have no cell but the sickroom, "no cloisters but the streets of the town and the wards of the hospital."

Distinctive religious control extended to the time of the Reformation. Civil hospitals had flourished, but conditions at that time were such as to cause people to look upon all establishments which professed to shelter the sick, the helpless and the fallen as positive evils. They shared the ignominy which attached to prisons, where immorality, dirt and poverty reigned in full force, and where unprincipled and uneducated persons were delegated to take charge of the inmates—which meant no care at all—often maltreatment and neglect taking its place. Wrongs of various kinds were perpetrated toward these helpless beings—they were thrown into prisons and dungeons, and money was misappropriated which should have gone for attendance and expense involved. This state of affairs might be predicated of almost every institution of the period.

In 1698 the "immortal" Harvey discovered the circulation of the blood. It was a discovery which almost forced the modern hospital into being, as did that of ether (over fifty years ago) the training schools. In the eighteenth century, there was a general movement toward reform in the building of hospitals. But advance was slow, and at the beginning of the nineteenth century we find a climacteric in that abuse and neglects combined with ignorance, which so heightened mortality that at last the attention of the nations was drawn to it, and noble individuals here and there ventured forth to inaugurate a change. Conditions such as those which existed in Hotel Dieu first opened the eyes of France. In England, it was Elizabeth Fry. After her investigation of the Newgate horrors, she took up the herculean task of rescuing hundreds of suffering mortals undergoing brutal treatment. With the year 1817 began a work which initiated a series of improve-

ments, finally bringing about a revision of the English Code of Laws. She extended her efforts to hospitals and asylums, and in 1824 started the District Visiting Society, the first regular corporation of the kind, for which the workers were trained. At this time, America was roused by the state of the military hospitals, asylums and prisons. The name of Dorothea Dix will never fade from the pages of American history. She was the contemporary of Florence Nightingale; both followed Elizabeth Fry, reaping her rich experience in a marvelously great work. Germany's good angel was Fredrica Fliedner, the story of whose life is beautiful, tender and strong. These nations had thus set about reform, laying the foundations broad and deep. Among the reformers, our choice list of names represents woman as coming to the rescue in the ideal vocation of nursing. These women possessed both wisdom and restraint, their hearts being filled with that unquenchable desire to help their fellow beings which furnished the true impetus to progress.

Before the introduction of training schools, nursing could not properly be called a profession. Women had been trained in the nursing sisterhoods—religion had instilled high motives. But unfit candidates were continually presenting themselves, and they did not come from the class representing education and refinement; and, indeed, the eligibility of the candidate was an exceedingly hazy matter in the minds of those whose office it was to teach them. The ideal had never been set because the demands of science were not known. Social and municipal development, then as now, played a very large part in the status of nursing. It was as late as 1860 that Florence Nightingale established the first training school for nurses, at St. Thomas' Hospital, London. Her "Notes on Nursing" also gave models for better things than those which obtained—showing what manner of person the trained nurse should be. Dickens' descriptions, in the

"Tale of Two Cities" are not more true of the period than those which he portrays elsewhere, giving a type of nurse in the person of "Sairey Gamp." But the world was awakening to its lamentable needs. Truer and higher ideals as to the qualifications for nursing began to unfold. Just as in the art of medicine, there was a demand for a place where the remedy might be applied to the sufferer and brought within reach of the masses; where the doctor's work might be facilitated in the interest of the patient. The result of this demand is that institutions now exist throughout the world where scientific discovery and skilled nursing join hands—the two professions, medicine and nursing, are seen to be dependent upon each other—nursing with feminine grace recognizing that she is the helpmeet—an allied profession.

In 1873, training schools were added to hospitals in New York, New Haven and Boston (not incorporated with the hospital, a change which took place later in the development of organization). Rules restricting and qualifying admission into these schools were formulated. Tests referring to character and to education proved to be safeguards against reverting to a former condition of things. A conception of what the training involves helps in dealing with the very large subject of qualification. Public opinion has to be enlightened, and the abuses of the past lived down. Notwithstanding the vexing social questions which surround us, there are those who have faith to believe that this noble profession can be rescued from past reproach and placed upon a definite basis. Influential women in the profession are working in harmony in our superintendents' associations, and great ends are being attained. Gradually it is becoming clearer to the laity what is required of persons taking upon themselves the responsibilities of nursing. Those who have passed through the schools can the more readily comprehend the high educational standards required, and the effect of the discipline in call-

ing out those "character-building virtues" which constitute nursing ethics—obedience, truthfulness, practical ability, economy, neatness, punctuality, decision, thoroughness, method, order, skill and good judgment are expected of us. We are also called upon to be frank and courteous; to mind our own business; not to be interfering; not given to expressing opinions; avoiding gossip, and refraining from unkindly criticisms; to endure hardness; to give to our patient a right sympathy, enabling him to bear his sickness patiently, and sometimes to meet what Dr. Neale calls the obligation of helping a patient to die well. Thus are all sides of our being developed in a way which few professions afford. In America, many of the obstacles to advance have been removed, though we have our own special difficulties, obstacles which in other countries hamper the development of the nurse, both while in training and after graduation.

Organization, as it affects the graduate nurse, is the latest movement in nursing reform. To show the stage at which we have arrived to-day, it is necessary to bear in mind that nursing has had a ministry both of voluntary service and of strict disciplinary rule. We of to-day have descended from the old religious orders. Even in America this system of government—that which refers to the internal regulation of hospitals—is clearly traceable and strictly maintained during the period of training. Germany and America have developed along definite lines, though in quite different ways. In Germany, organization includes control of the nurses' time and earnings, before and after her hospital course. The nursing sisterhood now consists of orders of deaconesses, which provide for, but have direction of a nurse's whole life. Looking at it as a whole, this is true of the system, though some forms of nursing organization are more liberal, even amounting to the self government of the graduate nurse.

American national characteristics color the

whole profession in our own country. While in the hospital, the nurse is under strict discipline, but once graduated, she ranks as a nurse of recognized standing in the same way as a member of the medical profession. Several States require that she be examined for State registration. This legislation is similar to what has long been the custom for physicians, the object of which is the detection of quacks. It also gives prestige to the person whose name is on the register, and does not interfere with the exercise of the profession by any one of limited ability, it merely being a means of enlightening the public as to the standing of the person in question. Upon graduation, the nurse is at liberty to select any branch of nursing in which she has been trained—whether institutional, district visiting, private nursing or office work, and to carry it on independently. Associations are formed for mutual benefit, and for the regulation by the graduate nurse of matters professional.

It is different in England, where the two systems of government seem to be struggling for the mastery. There, as in France and Germany, the training schools are largely controlled by medical boards, instead of by a body of trustees. This affects the whole career of the nurse, giving rise frequently to partiality and bringing other evils in its train. These facts are coming to be realized by those who compare their status with ours in America. England is divided, much confusion exists; there is every degree of rule, from nursing sisterhoods and pensions down to the formation of societies which aim at freedom.

The raising of our educational standards in America is seen in stricter entrance requirements—in the formation of preparatory schools, such as those at the Drexel Institute,

Philadelphia, and at the Pratt Institute, Brooklyn, N. Y., where preliminary courses of study are given; in the lengthening of the training school course to three or four years; and again in having paid instructors to teach the pupil nurses, in this way securing a more complete and thorough course. At our latest meeting of the American Society of Superintendents of Training Schools, "attention was called to the increase in the number of instructors appointed and paid to teach special subjects in training schools, and to a growing tendency to introduce what is called the non-paying system, using the funds thus released for the better housing, instruction and general welfare of pupils."

It has been said that the status of a community depends upon the amount of ethical culture. Nursing ethics refer to a nurse's duty toward her patient, herself, her profession, and toward the community. These responsibilities are ever widening and becoming more clearly apprehended by the whole body of nurses. We have, in the lives of those who have worked for progress, an incentive to withstand all that militates against the profession in the way of ignorance, indifference, luxury, the commercial spirit, or any spirit which detracts from a nurse's personality or usefulness.

There is considerable enthusiasm on the part of nurses over works undertaken for the public welfare, such as the nursing settlement, floating hospitals, district visiting and medical missionary work, showing an appreciation of the wider meaning attached to ethics under our duties to the brotherhood of man. These are educative forces both for the profession and society at large, a very fit application of the science which has for its mission the relief of pain, or the amelioration of suffering.



# Notes on Gas and Ether Anesthesia, Formalin, and Cargile Membrane

Mary H. Tufts

**I** FEEL that no excuse is necessary for presenting a few notes on some of the more recent and adopted methods in medical and nursing work, even if they may have been already "twice told," as it were.

It is said that in medicine, the only criterion of value is actual results. And this seems to be so in nursing also.

Each year, with its brilliant successes in medicine and science, tends to give us a very comfortable feeling of satisfaction with present methods and accomplishments; until some ambitious and fertile brain astonishes us by presenting new discoveries that are far more practical and desirable.

For some of the notes in the following papers I am indebted to medical friends, who are more or less engaged in surgical work.

## ANESTHESIA WITH NITROUS OXIDE GAS AND ETHER.

In some hospitals, the administration of anesthetics is entrusted to nurses, who are given a systematic course of instruction in this work. In other hospitals, they are given some idea of the methods of anesthesia, but no special instruction.

Considerable information can be obtained by carefully watching the anesthetist; but it is an excellent thing to study some good books on the subject; and, if possible, to take personal instruction of a competent anesthetist.

For six or seven years past, there has been a considerable change in the methods of administering anesthetics.

It has ever seemed the predominating idea in ideal medicine and nursing, to accomplish desired results with the greatest possible degree of comfort to the patient. So it may be said quite rightfully, that anesthesia with "gas and ether" is the ideal mode; because of its many advantages over other methods.

Anesthesia by nitrous oxide and ether is not a new method, having been originated by Clover, in England, as early as 1876. By him also the first form of apparatus for administering it was invented, and English hospitals largely advocate his methods in this line of work.

As early as 1896 "gas and ether" was given to about thirty-five or thirty-six cases, at the New York Hospital, but there it was discontinued, because the patients showed such marked cyanosis from the gas. Later, however, it was resumed, with success.

In the year of 1897, some of the leading surgeons of New York became interested in Clover's methods, through the efforts of Dr. Thomas L. Bennett. Dr. Bennett was appointed anesthetist to the Hospital for Ruptured and Crippled, and through his skilful work and teaching many surgeons, including Dr. McBurney, recommended or adopted this method. I am told that for about seven years it has been employed for all cases at Roosevelt Hospital; for about five years in New York Hospital; and four and one half years at the Presbyterian and St. Luke's Hospitals. Since 1900, it has also become more or less extensively used in other large hospitals throughout the States.

When ether is preceded by gas, the patient is, as a rule, anesthetized very quickly; in some cases from three to four minutes being sufficient; and the disagreeable "smothering," choking sensations and "stage of excitement" are done away with, as it is non-irritating and non-stimulating. There is comparatively little subsequent nausea, as compared with ether.

In giving gas, the same preparations and precautions are taken as for ether.

A favorite apparatus in many hospitals is

the Bennett modification of the Hewitt inhaler. This permits of the ether being turned on, while the gas is still being given. The following method is used with such apparatus. The rubber bag for gas is emptied of air and filled with gas from the cylinder. The face-piece is closely adjusted, and the patient told to breathe deeply and regularly.

It takes from thirty seconds to a full minute usually before the sensation is dulled in the glottis. Ether is now poured on the gauze in the cylinder, one dram at a time; and the patient is now taking "gas and ether" simultaneously. The ether is added every few seconds; and in from one to two minutes it may be noticed that the respirations change from the deep, full and regular character to a more rapid and irregular breathing. Most patients are slightly cyanosed at this stage and can no longer voluntarily move the limbs. When this stage is reached, the gas attachment is withdrawn, and the rubber bag fitted to the cylinder. Ether alone is now administered, in dram doses, occasionally repeated.

Some points to be emphasized in giving "gas and ether" are: That it is essential for the transition from gas to ether to be rapid, and as little air as possible is admitted, so the patients may not begin to resume consciousness, which they do very rapidly from gas.

The face-piece must be kept closely adjusted, and the gas must not be continued until the patient is deeply cyanosed, muscles twitch, pupils dilate or respirations stop. I am told that this is not a difficult method to learn, and patients become anesthetized in much shorter time than with other anesthetics. It is given with comfort to the patient. I can personally affirm that it is nearly as easy and pleasant as to fall into a natural sleep.

Ether is known to be irritating to the kidneys, therefore, in cases with kidney complications, "gas and ether" is much to be preferred to ether alone.

There is comparatively little trouble from the excess of mucus and saliva, as the glands

are not stimulated by gas. This makes it most desirable in operative empyemas and bronchial cases, in which respirations are more or less hampered, anyway. Alcoholics and highly excitable patients take this anesthetic, as a rule, better than any other. It is safe and also cheap, compared with either ether, chloroform or A. C. E. mixture.

With nearly all apparatus for "gas and ether," the inhalers are "close" or "closed." They should receive frequent attention in the way of sponging with some non-corroding antiseptic, between times of use.

The rubber face-piece can usually be removed; and if so, should be frequently boiled. These inhalers might easily become germ-carriers, when used repeatedly from one patient to another, without disinfection; as no small amount of organic matter is thrown off from the bronchii into them.

#### FORMALIN AS AN ANTISEPTIC.

Formalin is the commercial name given by Schering to a 40 per cent. watery solution of formaldehyde or formic aldehyde. Formaldehyde is a gas produced by the oxidation of methylic alcohol or wood spirit. The germicidal powers of formaldehyde were discovered by Trillat in the year 1888. It is a very penetrating gas, and is now much used as a practical house disinfectant. Formalin, or the saturated solution of the gas, is a most practical antiseptic, being useful in almost every variety of cases in which an antiseptic would be employed. The nurse, in her busy round of duties, will find just as many uses for this valuable antiseptic as the physician does.

Bichloride of mercury has for many years occupied a conspicuous place among the lists of germicides; but it has at least two objectionable qualities. It is a powerful and irritating poison and also hardens and coagulates albuminous substances. Formalin is non-toxic, when used in proper strength for wound treatment, and a solution strong enough to completely inhibit the pus germs

will not harden animal tissue or coagulate albumin.

There often seems to be much uncertainty of statement as to just what is meant by a given percentage solution. In the formulæ and given directions for use, subsequently given, it must be borne in mind that the percentages referred to are computed from the 40 per cent. of formaldehyde gas in water. Such a solution, called formalin, is not to be confused with the foundational substance formaldehyde. It is readily seen that a given solution of formaldehyde would be more than twice as strong as the same proportion of formalin.

Formalin as a general antiseptic is sold in bulk under various names; but as they are frequently of uncertain strengths, it is better to buy some reliable make, in the original pint bottles. This we are sure is uniform strength, or 40 per cent. formaldehyde. We must take into account that formaldehyde is two and one half times stronger than formalin.

It is most convenient to have a solution of some known strength from which to prepare working solutions, as needed. A 40 per cent. solution is most convenient for this purpose, being easy to make, by adding one ounce of formalin to one and one half pints sterilized water; or five ounces to seven and one half pints water. This 40 per cent. solution mixes in even ounces and half ounces, to make the ordinary solutions of practise. The solutions in common use by most surgeons are  $\frac{1}{8}$ ,  $\frac{1}{4}$  and  $\frac{1}{2}$  per cent. These contain the formaldehyde in the strengths of 1-2000, 1-1000 and 1-500, respectively. These are equal, if not superior, to corresponding solutions of bichloride of mercury. The double table here given shows the formalin percentage and the formaldehyde strength to 1000 parts.

Formalin 4 per cent. solution: formalin 5 ounces; sterile water, seven and one half pints.

1 oz. 4 per cent. sol. to 15 oz. water =  $\frac{1}{4}$  per cent. formalin  
= 1-1000 formaldehyde.

1½ oz. 4 per cent. sol. to 14½ oz. water =  $\frac{3}{8}$  per cent. formalin  
= 1-666 formaldehyde.  
2 oz. 4 per cent. sol. to 14 oz. water =  $\frac{1}{2}$  per cent. formalin  
= 1-500 formaldehyde.  
2½ oz. 4 per cent. sol. to 13½ oz. water =  $\frac{3}{8}$  per cent. formalin  
= 1-400 formaldehyde.  
4 oz. 4 per cent. sol. to 12 oz. water = 1 per cent. formalin  
= 1-250 formaldehyde.

One eighth and  $\frac{1}{4}$  per cent. are used as gargles, for washing infected wounds, irrigating and packing sinuses, and  $\frac{1}{2}$  per cent. for disinfecting hands and surfaces of the body, vaginal douches, and in diphtheria as a spray. In gynecological work, formalin is much used. As a douche before cervical and vaginal operations, it is used in  $\frac{1}{8}$  and  $\frac{1}{4}$  per cent. In curettage, in  $\frac{1}{4}$  per cent. solution, used freely as an irrigation. Some physicians are now recommending it in both simple and specific vaginitis, in injections of  $\frac{1}{4}$  to  $\frac{1}{2}$  per cent. strength. To disinfect the body surface before operations, after the usual "scrubbing" with green soap, ether and alcohol, several thicknesses of gauze are wrung out of a  $\frac{1}{4}$  per cent. solution and applied to the "field of operation" covered with rubber tissue and held in place by a firm bandage. This is probably one of the surest ways of sterilizing the follicles of the skin. In foul, suppurating wounds and sinuses, sterile gauze, saturated with  $\frac{1}{8}$  per cent. formalin, will act not only as a deodorant, but as an antiseptic.

Formalin is used in obstetric practise, to disinfect hands and external parts, in strength  $\frac{1}{2}$  per cent.; and as a douche in  $\frac{1}{4}$  per cent., when needed. After laceration and repair of the perineum, a daily douche of  $\frac{1}{8}$  per cent. is valuable as it lessens the liability of secondary infection and deodorizes the lochia. The healing is usually perfect under this treatment. For ordinary use as a disinfectant, about one tablespoonful to a quart of water is a good preparation. This strength is useful for washing infected linen. A small quantity of formalin, full strength, frequently poured into set-bowls, hoppers, water-closets and outlet-pipes of bath tubs, will thoroughly disinfect them, the gas liberated by the solution penetrating the greasy, sticky waste adherent to the pipes. In sputum-cups, in



disinfecting the excreta from typhoid and contagious cases, for cleansing metal and crockery, sickroom utensils and for use on heavy, woolen, infected clothing and bedding, it is invaluable.

#### SOME USES OF CARGILE MEMBRANE.

Cargile membrane is a very thin, gold-beater's skin, made from the peritoneum of the ox. This membrane is rendered surgically clean by heat-cumol sterilization. The initial suggestions for the preparation and uses of such membrane came from Dr. Charles Cargile, of Bentonville, Ark. He had not the proper clinical facilities for carrying out the desired experiments with it, so the interest of several skilled surgeons was obtained. Dr. Robert T. Morris, of New York, and Dr. John B. Deaver, of Philadelphia, experimented carefully and successfully with it; and to them seems to be due the final success of the undertaking. A series of experiments were first made upon animals and finally upon the human subject.

Dr. Cargile's idea in the introduction of such a membrane was to provide a covering for denuded surfaces, stumps and pedicles, in abdominal surgery, in order to do away with the troublesome, post-operative, peritoneal adhesions. Experiments by Drs. Morris and Deaver have proved that the membrane will accomplish this. Being an animal substance, it is readily absorbed, and applied sterile it cannot infect.

Cargile membrane is now becoming extensively used in hospitals as a wound covering. In the treatment of wounds it is necessary to have some non-irritating substance between the wound and dressings. The membrane

has been found quite ideal for this purpose. Moisture readily penetrates and passes through it; therefore, granulating surfaces do not become softened under it. It adapts itself readily to irregular surfaces and permits of dressings being removed or changed without displacement of the membrane. It is usually absorbed under a permanent dressing, in course of five to seven days. In the covering of skin-grafts it is also valuable. The dressings can be removed from time to time, for inspection of the "grafts," without actually disturbing them, as they are readily seen through the membrane. The use of rubber tissue around the "cigarette" drains used in abdominal surgery has frequently been objected to, because it was thought it stimulated the peritoneum to the production of unnecessary amount of exudate. Cargile membrane has not this objectionable feature, when made the same use of; as it is soft and non-irritating.

It is used with excellent success in deep, extensive burns, in which there is loss of cuticle. The burned surfaces are first carefully sterilized and the membrane applied to cover the surface as far as possible. The profuse serous exudate is much lessened, and the new repair cells form more quickly than with any other mode of treatment. Dressings do not become adherent to the healing surface, and can be removed without quite the usual attention to asepsis, as the surface will still be covered with sterile material. It is necessary to use care in handling this membrane, as it becomes instantly adherent to moist surfaces, and therefore cannot be handled with moist hands or instruments.



# How to Recognize the Contagious Diseases of Childhood\*

George P. Paul, M.D.

Troy, N. Y.

**I**N LOOKING over a Nurses' Directory, I noticed that many nurses will not accept contagious diseases. The reason for this I do not understand. The scope of experience in nursing patients ill with a contagious disease is very extensive. Nearly every child, rich or poor, is at one time or another affected with one or more of the contagious diseases. The critical test of a trained nurse is the caring for a child ill with one of these diseases; for these maladies have, as a rule, no regular course; their complications are numerous and varied, and hydrotherapy is an important part of the treatment. It may be here stated that the infrequency of the complications and sequellæ of the contagious diseases will depend on the carefulness of the nurse. The medication in these is almost "nil" and of greatest importance is the care and nursing of the patient.

The reason for refusing these cases may be due to their contagious character, but this can be almost absolutely overcome. A few suggestions in this direction will not be out of place:

(a) The nurse should be out of doors as much as possible when she is off duty.

(b) Keep the sickroom thoroughly ventilated; a draft is of great harm to the patient, but ventilation is not only not harmful, but is necessary.

(c) Change your clothing often, also the bed clothing.

(d) Keep the mouth, nose and throat clean by means of gargles and sprays.

(e) Keep all exposed parts of the body in as clean condition as possible.

(f) All secretions and excretions of the

patient should be carefully collected and thoroughly disinfected.

(g) A separate set of eating utensils should be used for the patient.

I will give you in as simple and concise form as possible that information which I consider will enable you to easily recognize the common forms of contagious diseases peculiar to childhood.

I call your attention to four diseases: Scarlet fever, measles, German measles and chicken pox.

*Scarlet Fever* is also known as scarlatina. The incubation period is from twenty-four hours to fourteen days. The onset, as a rule, is very abrupt, beginning often with causeless vomiting, which is very characteristic. A child who was previously well will suddenly, without any apparent cause, begin to vomit. Sore throat is a sign of importance; the child will complain of being unable to swallow without discomfort or pain. On inspection the mucous membrane of the mouth, fauces and pharynx will be found very red and the tonsils enlarged. Headache of a very severe type is a common sign at the onset. The temperature reaches its height at the end of twenty-four or thirty-six hours, ranging from 103° F. to 105° F. The fever remains high one or two days and then falls in a staircase series, reaching the normal on the seventh or eighth day. On the second day we have additional important signs. The eruption occurs at this time, beginning first on the neck and chest and then spreading widely. The rash is of a vivid scarlet hue, unlike the eruption of any other disease, and is punctate. The eruption usually fades after two or three

\* Read before the Graduate Nurses' Association of Troy, N. Y., and contributed to THE TRAINED NURSE.

days and is followed by the desquamation of the epithelia, which may come off in fine scales or in large sheets. It is during this stage that contagion is at its height. The so-called strawberry tongue is a sign of the second day. The tongue is very red, with a light coat, through which project the enlarged papillæ, giving the tongue its characteristic appearance. The urine becomes scanty in amount, highly colored, of a high specific gravity, and, as a rule, albuminous.

The complications of scarlet fever are manifold and of a serious character, and, as I have said, depend much upon the care and nursing. Nephritis is common, occurring usually about the twenty-first day. The urine becomes scanty and very albuminous, the face and extremities edematous, and the digestive tract greatly deranged.

Cardiac disease is not uncommon, the pulse becoming rapid and irregular. Pleurisy, pneumonia, otitis media, adenitis, chorea and rheumatism are among the other common complications.

In closing the subject of scarlatina, I wish to call your attention again to the seven cardinal signs. During the first day we have: (a) Sudden causeless vomiting. (b) Severe headache. (c) Sore throat. (d) High fever. (e) Convulsions in the very young.

Second day: (f) Diffuse scarlet punctate rash. (g) Strawberry tongue.

*Measles* is also known as rubeola and morbilli. This disease ranks next to smallpox in contagiousness and when it once enters a community it generally attacks nearly all who have not previously had it.

The onset is characteristic and differs from that of scarlet fever. The disease begins, as a rule, with a general coryza, *i.e.*, watering nose and eyes, sneezing, congestion of the conjunctivæ and photophobia or dread of light. These catarrhal symptoms are more marked in measles than in any other contagious disease. The eruption appears on the

fourth day, first on the face, head and neck, and later spreading over the body. It begins with small red papules, which soon develop into a blotchy, mottled eruption, with a reddish purple hue. The face becomes greatly swollen at times and has the appearance of being boiled.

*Chicken Pox*, or varicella, is the mildest of the contagious diseases, but is important because of its likeness to our most dreaded disease, smallpox.

The symptoms are mild, beginning with headache, malaise, restlessness, etc. The eruption appears within twenty-four hours, first on the face, and then spreading over the body. Small red papules first appear, which, on the second or third day, become vesicles or water blisters, and these in turn become crusts or in rare instances pustules. These phenomena occur in crops, *i.e.*, during the stage of vesiculation or crustation of the first crop a second crop of papules appear, so we have the different lesions at the same time.

The diagnosis, as a rule, is simple, but to distinguish it from smallpox is at times very difficult. The invasion of smallpox is severe, as chills, vomiting, severe headache, high fever and often convulsions. In smallpox the eruption appears on the fourth day and is similar to chicken pox, as papules, vesicles, pustules and crusts, but the important difference is that they do not occur in crops, but the change from one stage to another is simultaneous, *i.e.*, we have all papules or all vesicles at the same time.

This, I hope, will give you easy methods of recognizing these diseases. Desquamation occurs in two or three days. The temperature curve is the reverse of a scarlet fever curve. The temperature gradually rises for four or five days and reaches its height when the eruption appears, usually on the fourth day, and then it falls by crisis to the normal. Another important sign is what is known as Koplick's sign, which consists of small blue-white spots on a red base, found on the mu-

cous membrane of the mouth opposite the last molar tooth. These spots are present before the eruption.

The complications of measles are similar to scarlet fever, but measles is very apt to be followed by tuberculosis.

*German Measles* is also known as rotheln, rubella, hybrid scarlet fever and epidemic roseola.

The course of this disease can readily be divided into four stages, *e.g.*, incubation, invasion, eruption and desquamation. The incubation period is five to sixteen days. The invasion varies greatly, but usually begins with headache, malaise, loss of appetite, restlessness and sometimes with coryza.

The most important and constant sign is enlargement of the cervical glands. Three

years ago there was an epidemic of German measles at Round Lake, in which 150 cases developed, and the only constant sign was the cervical enlargement. The eruption is confusing, as it may resemble that of measles or of scarlet fever. It begins at the end of twenty-four hours and spreads with remarkable rapidity over the whole body, lasting three or four days, when desquamation takes place, which is usually branny in character.

Rubella is not dangerous, but on account of its being easily confused with scarlet fever or measles, makes it important.

The diagnosis is made from the mild symptoms, enlarged glands, the rapid appearance and disappearance of the eruption and its irregularity.



A WARD—PHOENIXVILLE (PA.) HOSPITAL

# Information for the Obstetrical Nurse—How to Assist During Labor

**S. Virginia Lewis, M.S.N.,**

Author of "Nursing," a hand-book for the untrained.

## THIRD PAPER

**D**URING the last two weeks of pregnancy, it is not uncommon for the woman to complain of pains in the abdomen—pains which may be mistaken for the announcement of labor. These false pains may have their origin in indigestion, etc., or may be due to neuralgia, and are characterized by irregularity, in intensity, duration and occurrence.

True pains, labor pains, on the contrary, are distinguished by regularity; starting, perhaps, about three-quarters of an hour apart, gradually occurring closer together, and becoming stronger. They are usually felt in the back first; then they come forward to the abdomen, and extend down the thighs. Sometimes a strong pain is followed by one or two weaker ones.

The presence of a little blood, designated as the "show," is pretty conclusive evidence that the placenta (after-birth) is detaching itself.

When satisfied that the labor is really in progress, the nurse will have sent for the doctor. Delay in his coming may not count for so much in a primipara; but in the case of a woman who has previously borne a child, especially in the case of one who has borne more than a single child, and with a history of rapid deliveries, the birth may take place before his arrival, unless he has been sent for in due season. As first labors are usually so very much longer, the nurse is not likely to find herself alone. In other instances, she may be, though; but she may take courage from the reflection that as succeeding labors are generally easier (except in existing abnormalities), she has every chance for meeting the emergency successfully. While assistance in obstetrical work is actually neces-

sary to the education of the maternity nurse, yet she will derive great benefit from being a mere onlooker in a case or two, provided she shall make good use of her opportunities. Let her observe the doctor, rather than the assisting nurse; and some time, should she be obliged to take the physician's place in a normal delivery, she can do so with better assurance. It is not at all a difficult situation for a nurse with common sense, for nature does so much that the most she will have to do will be to watch developments and aid them with good judgment.

Until the os is dilated, it is better to keep the patient upon her feet; but place her in bed before the waters break, unless this has already occurred before your arrival. Should the waters have broken before the natural time, this constitutes a "dry" labor, and renders it more difficult.

When time to place your patient in bed, roll her nightgown up under her arm-pits, and pin over the right side of the chest.

The physician may prefer to deliver her while lying upon her back, though a very common method is while lying upon her left side. In the latter instance, have her lie upon her proper side and in the lower left-hand corner of the bed. Support her head with a pillow placed near the centre of the bed, with another under her shoulders. Fasten a sheet, twisted like a rope, at the lower left-hand corner of the bed, as she may desire something to pull upon. Failing the sheet, she may ask to grasp the nurse's hands. This will be found more or less wearing upon the nurse; besides, she will require her hands for other work.

During this, the first stage of labor, the patient's strength may demand to be supported

by allowing sips of milk, or tea and milk, or beef tea. Sometimes a nerve sedative is ordered. Bathing the hands and face in cool or cold water is refreshing. Pressure upon your patient's back will afford her relief during a pain. Just about this stage many of the old-time nurses urged the patient to bear down, but her trained sister knows that such a proceeding may do much harm. Nature will suggest the proper time to bear down.

The first stage of labor may last about fifteen hours in a primipara (a woman with her first child), and perhaps only three or four hours, or less, in a multipara (a woman who has borne more than one child).

Dilatation of the os uteri completes the first stage of labor.

To help relax the muscles, a cloth wrung from warm water and held to the perineum will prove quite soothing.

The woman enters upon the second stage of labor with rupture of the amnion (the bag of waters). This is the time of real suffering, and lasts usually from one to two hours in a primipara and from twenty minutes to an hour in a multipara, ending with the expulsion of the child. At this stage the nurse may be directed to administer chloroform or ether—only enough to dull the severe pain, but not to the extent of rendering the patient unable to move or to answer questions. Should the woman have a weak heart, however, anesthetics would need to be excluded; and in order to effect rapid delivery, the obstetrician may bring instruments into requisition. These should previously have been sterilized with boiling water, then placed in boiled water at blood heat; or they may be placed in a creolin solution, this being both antiseptic and lubricant. The doctor first places his hand within, runs one blade of the forceps alongside, then introduces the other blade, locking it in position.

The nurse, of course, must never touch the patient nor hand anything to the doctor with

unsterilized hands. If at any time she must pick up a non-sterile object, her hands must immediately after be immersed in the basin containing the antiseptic solution. In this solution should be placed plenty of soft, perfectly clean rags, ready to be wrung out for wiping away discharges.

As soon as the baby's head is free, its eyes should be bathed with the saturated solution of boric acid. After its complete delivery, lay a piece of flannel over its body, and note the exact time when the birth occurred. Hand to the doctor the silk, or tape, for tying the cord. After it has been cut, have ready an old, soft blanket for receiving the infant. Cover it up thoroughly, head and all, but leave the face exposed; lay it away in a safe place and upon its right side. Do not lay a new-born baby on its left side, for that would tend to prevent closure of the foramen ovale, the result being a "blue baby," a condition which may end fatally.

The child will require no further attention until the mother has been made comfortable, unless you should find a few minutes for anointing its skin with olive oil, aseptic cosmoline, or whatever has been provided for the purpose. Lard is not recommended at all, on account of likely impurities, and because of the irritating salt it contains.

Expulsion of the placenta takes place about twenty minutes after the birth of the child. In the meantime, the doctor may have directed the nurse to grasp the globe of the uterus, and to knead and squeeze it gently. This is for the purpose of renewing contractions, and hastening the appearance of the after-birth. Its expulsion is accomplished with a minimum of suffering, none to speak of in some cases. The best disposition to make of this appendage is to burn it, after the doctor has examined it to be sure nothing has been left back in the uterus.

The birth of the placenta ends the third and last stage of labor.

Now, remove the soiled and wet temporary

bedding, and the patient finds herself upon the clean, dry surface of the permanent bed. Then hand to the doctor the abdominal binder, go around to the opposite side of the bed and assist him to smoothly bandage the patient, fastening the binder with large safety-pins. Next comes the napkin or antiseptic dressings, which should be secured to the binder. Unfasten the nightgown, and draw it down beneath the patient. Do not permit her to lie upon wrinkles, but see that all is smooth.

Draw the shades to favor sleep, and while she is resting examine the infant for physical defects; dress the umbilical cord with salicylated cotton or whatever has been provided by you or the doctor, after the child has received its bath. However, these details will be discussed in a later paper.

Remove from the room all soiled articles and place everything in perfect order. I have said to shade the apartment to induce sleep; but this does not mean that the room shall be kept habitually darkened by any means; as light, not darkness, favors recovery.

The patient has now entered upon what is known as the puerperal state.

For the help of the nurse, who perchance would have to deliver her patient, in the absence of the doctor, the appended notes may prove useful:

Should appearance indicate that the child is about to be born, no attempt in any way should be made to force matters. Merely assist nature—that is all.

As the nurse will have neither time nor strength to spare for pressing upon the pa-

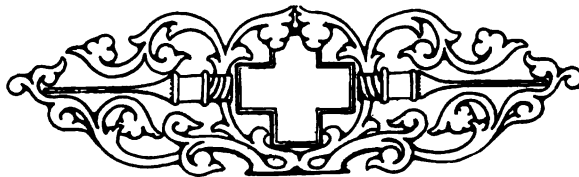
tient's back, some sensible woman might be called in for this purpose, and might prove a useful helper otherwise as well.

Let the nurse take her place at the left side of the bed and watch for the head to present, which it will do a number of times before finally coming into the world. While the head is coming, she may support it with one hand, to prevent, if possible, a too sudden expulsion, which might lacerate the perineum. With the other hand, she should feel if the cord be around the infant's neck. If so, the loop or loops should be drawn down one by one over the head. But should it be so tightly wound around the neck that it cannot be brought down (which, by the way, is happily an extremely rare accident), the cord may be tied in two places and cut between these two points.

The trunk usually follows very easily after the head. When conditions permit the cord to be tied and cut properly, the first ligature should be placed two inches from the child's body, with the second one about two inches from that. It should be severed about one inch from where first tied. Besides waiting for the cord to cease pulsating, it may be gently squeezed to get rid of the excess of mucoid matter (Wharton's jelly) before tying. This will enable it to dry up more quickly.

Here is where the dull scissors come into requisition—for cutting the cord. The blood-vessels are crushed by the dull edges and bleeding quits sooner, therefore.

During expulsion of the after-birth, the cord may be held, but in no case must it be pulled upon.



## Talas Cesarea (Turkey) American Christian Hospital

**P**ERHAPS the readers of **THE TRAINED NURSE** would like to hear a little about our hospital and work out here in Turkey.

Our hospital is situated in Talas, a suburb of Cesarea. Cesarea is a good-sized Turkish city in the heart of Asia Minor. Talas is about six hundred feet higher than Cesarea and has a population of 20,000, composed of Armenians, Greeks and Turks. They each have their separate quarters in the town and recently the Protestant Greeks and Armenians have formed a quarter by themselves for self-protection, for if a man moves out of the quarter and leaves his taxes unpaid, his neighbors are compelled by the government to pay them, and as they all have very heavy taxes to pay, it makes it very hard to have to pay another man's also. Our hospital is the highest building in Talas, being three stories and basement. At present, we have only two male and two female wards and two semi-private rooms. Later on we hope to have money enough to finish off more wards. This present building was opened three and a half years ago by Dr. Dodd. Before that he had a small hospital containing eight beds, and when he first opened that he had no bedsteads at all, the patients bringing their own beds and spreading them on the floor. Usually their friends took care of them. Now our wards are as bright and clean as any in an American hospital, and as the Oriental has no idea of order, Miss Cushman had very hard work the first few years. She was only here a year when the present building was opened, and you can imagine what hard work it was training nurses and servants with a very limited amount of Turkish, but she accomplished a wonderful amount of work, and when I arrived, two and a half years ago, the hospital was in good running order. I had to spend a good part of the first year in

studying the language, which is very difficult. I can now hold common conversations in Turkish, but it will be years before I feel very fluent in it. Our patients are composed of Greeks, Armenians and Turks, and meeting these various races makes nursing in Turkey very interesting. Our patients come from Talas Cesarea and from the surrounding country, often coming a six or seven days' journey in an ox cart (which is the most primitive kind of a wagon) or on foot. I remember a woman coming a seven days' journey on foot. She had empyema, and she was pretty well exhausted when she reached here, but she recovered. Then a Turkish boy, who had broken his leg and had had it set by some "medicine man," who put the splints on so tight that gangrene set in, came a six days' journey in an ox cart. His leg was in an awful condition when he reached here and had to be amputated. While in the hospital he became very much interested in reading the New Testament, and when he left he asked for a copy of it, which, of course, we gave him. It is very hard for a Turk to lose any of his limbs, as he thinks that is the way he will appear in heaven, and often they prefer death to amputation. The Turk bears pain well, and as a rule we find them very grateful patients. They don't believe, as a rule, that women will enter heaven, but they often tell Miss Cushman and me that they think we will be allowed to enter, as we are doing "Allah" work, and they are sure Dr. Dodd will, even though he is a Christian. Medical missionaries are the only ones that are able to work among the Turks, so there is a great field open here for doctors and nurses. A woman physician especially could do a great deal among the women; she could enter the harems. A male physician is seldom permitted to enter there. We have a good many Turkish women as patients and



more and more are coming; many of these are gynecological cases. Almost all of our cases are surgical. We have not room at present for both medical and surgical, although we do take in a few medical cases, that the doctor finds in wretched homes. It is very hard to operate outside, either in their homes or khans, so the doctor always tries to persuade them to come to the hospital. They often come in fear and trembling, but soon find it is not such a dreadful place as they thought. All of the small operations are done at the dispensary (formerly the old hospital). A very large work is carried on there, but neither Miss Cushman nor I can find time to help in that work, so the doctor has only a native nurse who we trained here in the hospital, and let me say right here that we sorely need the help of another American nurse. Our "board of directors" have been trying to find one for the past year, but so far have been unable to do so, so if any nurse reading this would care to come and will communicate with Mr. J. M. Speirs, 14 West 23d Street, New York city, he will give her all the information necessary.

Miss Cushman manages the housekeeping department and I the nursing. Housekeeping in Turkey is no easy work, as so many things have to be done here that a housekeeper never thinks of doing in America. Sugar and salt come in great pieces and has to be pounded by hand, rice and other cereals brought here all have to be carefully looked over, as they are filled with dirt and small stones, and everything has to be bargained for, as the Oriental is a natural cheat and liar, and then, too, they think the missionaries are all very rich, because we live so differently from what they do. All of our nurses and other helpers have to be clothed and taken care of like children. Miss Cushman does all the cutting out herself and a great deal of the sewing. Washerwomen, too, have to be watched carefully or they will spend the day sitting down doing nothing and then, too, they

all had to be taught to wash *a la Franka*. The washing here is all done in the street in running water and is all done with their feet. It is quite picturesque to see a dozen or more native women in their bright dresses or *challvars* (Turkish trousers) stamping on the clothes, and it is often very gracefully done. The water all runs above ground (we have no pipes), and it is managed by a man called a "Suju," who turns it on and off as it is needed. The town and vineyards are filled with watercourses. Of course, the privilege of using this water has to be paid for. I am sure the women here never have any "blue Mondays." Wash day is quite a gala day, and they have a lovely time gossiping together. The water is not always very clean, and the women in the lower part of the town have to use the water that has already been used for several washes, but they don't seem to mind. I have often seen them washing their cooking utensils in the street in perfectly filthy water. With them wash day does not come very often. All winter long they manage without doing any. When spring comes you see clothes hung all over. Our women have learned to wash and iron very nicely. We have just had a laundry stove from America, with American irons. Before that came, we used the native irons, with coals inside. These were inconvenient. Very often while ironing the coals would fall out and burn the article being ironed very badly. Our bread is all baked in the public oven, and as the native people are all great bread eaters, hundreds of loaves are baked every week. This bread is much more nutritious than ours; it resembles bread made with whole wheat flour. It is baked in long, flat loaves, and when fresh is very nice. A great many of the poor people live almost entirely on bread and cheese in winter, and bread and fruit in summer. Most of the cooking for patients on full diet is done in one big pot, everything stewed up together, so that part of the housekeeping is easier than

it is in America, where they have to have such a variety of foods. One thing we find very nice for liquid diets is a fermented milk called "yoghort"; it is very much like the "matzoon" we have in America. The patients are all very fond of this.

Our nursing staff is composed of three women and four young men, all Armenians. One of the young men helps me in preparing and cleaning the operating room, one is on night duty in the male wards, and the other two on day duty. Our women are all widows. It is very hard to get women nurses here, and impossible to get young unmarried women. They think it is very degrading work. And they are never willing to take care of male patients. They were so surprised to hear that women do it in America, and it surprises them still more to see us working in the male wards. At first we thought it would be very nice to have women nurses in the male wards, but as we grew to know the country and the people better, we decided that it would not be wise, at least for

the present. They will have to be educated up to it.

I have not mentioned very much about the nursing department, but I am afraid that I have already taken up too much room. I forgot to say that we are a seven days' journey from the nearest railroad. It would be quite startling now to hear the whistling of a railroad engine.

Before I close, I should like to thank the nurse who gave me, just before I left America, the pattern of an abdominal binder for women. I don't know her name or I would write and thank her. I only know she is one of several graduate nurses who make sanitary pads, abdominal binders and other supplies. They have offices in the lower part of New York city. This binder has been invaluable to us. We make them up and give one when necessary to all our poor laparotomy cases, and I am sure they have been a great comfort to these poor women. And now I must close this long article. Very sincerely,

March 28, 1904.

L. F. C.



OPERATION AT PHOENIXVILLE (PA.) HOSPITAL



VIEWS OF PHOENIXVILLE (PA.) HOSPITAL



LAUNDRY AND OPERATING ROOM—PHOENIXVILLE (PA.) HOSPITAL

## Phoenixville Hospital Training School for Nurses

**A**T ONE of the most beautiful spots of the lovely Schuylkill Valley, within twenty-seven miles of Philadelphia and within a few miles of the historic soil of Valley Forge, there lies the town of Phoenixville. To the south of the town, on one of its highest elevations, is situated the hospital. Its location is one of the best in relation to health and sanitary surroundings. The building is constructed of stone, which makes it delightfully cool in summer and warm in winter.

The hospital has had many liberal friends and contributors, who have furnished it beautifully, making it very attractive and what may be termed ideal.

The operating room is white tile with all the latest improved glass tables, instrument cases, etc. The hospital is thoroughly equipped for the care of the sick. The nurses' course covers two and one half years. During that time they have lectures on histology, anatomy, physiology, therapeutics, surgical nursing, medical nursing, obstetrics, the care of gynecological patients, special care of nervous and fever patients, hygiene, urinalysis and bacteriology. A special course is given in massage, electricity, care of children and invalid cooking. They also have great advantages in preparing surgical dressings and supplies for all kinds of operations. The experience in the wards consists in nursing all kinds of medical cases, such as typhoid fever, pneumonia, rheumatism, etc.; surgical nursing, amputations, trephining, fractures, dislocations, sprains, contusions,

burns, etc. The care of babies and sick children are given special attention, especially premature children, with which the hospital has made quite a reputation.

There is a large dispensary where the nurses have the advantage of seeing patients brought in all stages of shock, fainting, convulsions, hemorrhage, asphyxia, poisoning and railroad accidents.

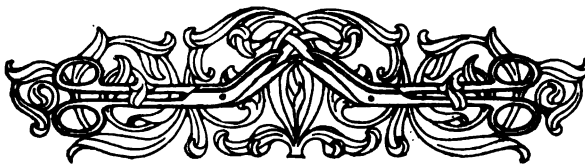
Practical demonstrations are given in bed-making, care of wards, appliances, keeping records, reports, observations of the sick, ventilation and disinfection.

Administration of different enemata, lavage of bladder, bowel and stomach, catheterization and gavage.

The nurses have very pleasant dormitories and a large lecture room furnished with reference library and a piano.

They have many home privileges, which add to the attractiveness of the training school.

Miss Curtis, the superintendent, has had charge of the training school since its opening. The graduates are much sought after, from all the surrounding country. The nurses in the school are from all parts of the country, Georgia, Canada, Texas, North Carolina and Pennsylvania. The success of the school is largely due to Miss Curtis' training. She has had the advantage of having done private nursing for a number of years before taking up the hospital work. She has kept abreast with the times and all the latest appliances and methods of nursing, the highest standard of nursing education always being maintained.



# Questions From the First Year Examinations at the Mary Hitchcock Hospital, Hanover, N. H.

## ANATOMY.

### QUESTIONS.

1. Name the four distinct tissues in the body. To which class does bone belong?
2. What two canals are found in the bones and what do they contain?
3. How are the bones divided, according to their shape? Describe one of the long bones.
4. Describe the os innominatum. The sphenoid bone.
5. Name the bones of the cranium.
6. What is the name of the membrane which covers the joints and what fluid does it secrete?
7. What is the special property of muscular tissue? What two kinds of muscles have we?
8. Name the prominent muscles of the back. Of the neck.
9. Name the abdominal muscles. Describe the diaphragm.
10. What is the function of the nerves? Name the two kinds of nerves.
11. Describe the spinal cord. Name the three coverings of the brain.
12. (a) Name the cranial nerves. (b) Describe the trifacial nerve.
13. Describe the heart and its cavities.
14. (a) Into what two arteries does the innominate divide? (b) Describe the carotid arteries. (c) The external iliac artery.
15. What two veins unite to form the innominate vein?
16. Where does the lymph enter the circulation?
17. Give (a) The general circulation. (b) The portal circulation. (c) The pulmonary circulation.
18. Give the main points of difference between the fetal circulation and the circulation after birth.

### ANSWERS.

1. The epithelial, connective, muscular and nervous tissues. Connective tissue.
2. Haversian canals contain blood, the medullary canal containing marrow.
3. Long, short, flat and irregular. The humerus is the longest and largest bone of the upper limb. The upper extremity of the bone consists of a rounded head joined to the shaft by a constricted neck, and of two eminences called the greater and lesser tuberosities. The head articulates with the glenoid cavity of the scapula. The lower extremity is flattened into a broad surface, which is divided by slight ridges into two parts, by means of which it articulates with ulna and radius.
4. The os innominatum is a large, irregular shaped bone, which, with its fellow of the opposite side, forms the side and front wall of the pelvic cavity. This bone is divisible into three portions—the ilium (which forms the prominence of the hip), the ischium and the pubes. Where these three portions meet is a deep socket, the acetabulum, into which the head of the femur fits. Between the ischium and pubes is the largest foramen in the skeleton, known as the thyroid foramen. The process formed by the projection of the crest of the ilium in front and the symphysis pubis, or pubic articulation, serve for convenient landmarks in making measurements. The sphenoid bone is situated at the anterior part of base of the skull, articulating with all the other cranial bones, which it binds firmly and solidly together. In form it somewhat resembles a bat with extended wings.
5. Occipital 1, parietal 2, frontal 1, temporal 2, sphenoid 1, ethmoid 1.
6. Articular synovial membranes secrete a fluid, resembling the white of an egg, named synovia.

7. Its contractibility, striated and non-striated, or voluntary and involuntary muscle.

8. Sterno-cleido-mastoid. Trapezius and latissimus dorsi.

9. Internal and external oblique, transversalis and rectus. The diaphragm is a thin musculo-fibrous partition, placed obliquely between the abdominal and thoracic cavities. It is fan-shaped and consists of muscle fibres arising from the whole of the internal circumference of the thorax. It has three large openings for the passage of the aorta, the inferior vena cava, and the gullet. It is the great respiratory muscle of the body.

10. To convey impulses. Efferent or motor nerves and afferent or sensory nerves.

11. The spinal cord is a column of gray and white soft substance, extending from the top of the spinal canal, where it is continuous with the brain, to about the second lumbar vertebra, where it tapers off into a fine thread. It is protected and nourished by three membranes, like the brain. It does not fit closely into the spinal canal. Usually, from 16 to 17 inches long, and has an average diameter of three fourths of an inch. The cord is almost completely divided into lateral halves by an anterior and posterior fissure. The white matter is arranged around and between the gray matter. The spinal nerves, 31 pairs, pass out of the spinal canal through the openings between the vertebræ.

The dura mater, the pia mater, and the arachnoid.

12. (a) Olfactory, optic, oculomotor, pathetic, trifacial, abducens, facial, auditory, glossopharyngeal, pneumo-gastric, spinal accessory, hypo-glossal. (b) Largest of cranial nerves. Two roots—sensory and motor. Subdivided into three branches supplying: (1) The eyeball, the lining of the eye and nose, the skin and muscles of the eyebrow, forehead and nose; (2) the skin of the temple and cheek, the upper teeth, the mucous lining of the mouth and pharynx; (3) external ear, lower jaw and the muscles of mastication.

The first two are sensory, the last is mixed.

13. A hollow muscular organ, divided by a partition into a right and left heart, each of which is sub-divided by a transverse constriction into two cavities, which communicate with each other. Its general form is that of a blunt cone. It is situated in the thorax, between the lungs, behind the sternum. It is enclosed in a membranous covering, the pericardium. The interior of the heart is lined by endocardium. The right side always contains venous, and the left arterial blood. The upper cavities are called auricles, and the lower ventricles. These communicate by means of openings protected by valves, that on the left side being the bicuspid and on the right the tricuspid valve. The pure blood leaves the left side through the aorta, and the impure blood enters the right through the superior vena cava and inferior vena cava. The heart sends the blood through the body by its alternate contractions and relaxations.

14. (a) Right common carotid and right subclavian. (b) The left common carotid arises from middle of upper surface of arch of aorta; is an inch or two longer than the right one, that arises at the division of the innominate. They ascend obliquely on either side of the neck until, on a level with the upper border of "Adam's apple," they each divide into two great branches, of which one, the external carotid, is distributed to the superficial parts of the head and face, and the other, the internal carotid, to the brain and eye. At the base of the brain, branches of the internal carotid anastomose, in such a manner as to form a complete circle, known as the "circle of Willis." (c) The external iliac artery is placed within the abdomen, and extends from the division of the common iliac to the lower border of Poupart's ligament, where it enters the thigh and is named femoral.

15. Internal jugular and subclavian.

16. Thoracic duct and right lymphatic duct.

17. (a) At each beat of the heart a certain quantity of blood is driven with great force into the aorta. The aorta delivers this blood from the left ventricle through its branches to the capillaries in all parts of the body. Returned by the superior and inferior venæ cavæ to the right auricle. (b) The celiac axis, arising from the aorta, close to the opening in the diaphragm, divides into three branches, the gastric, hepatic and splenic arteries. After passing through the stomach, intestines, spleen and pancreas, this blood is carried through the portal vein to the liver. When the portal vein enters the liver, it breaks

up into capillaries, which unite to form the hepatic veins. By them the blood is conveyed into the inferior vena cava, and thence into the right auricle. (c) The pulmonary artery conveys the dark venous blood from the right ventricle to the lungs. After being purified, the blood enters the left auricle through the pulmonary veins.

18. In fetal life the direct communication between the two auricles of the heart through an opening called the foramen ovale; between the pulmonary artery and descending portion of the arch of the aorta; and between the placenta and fetus by the umbilical cord.

*(To be continued.)*



PRIVATE ROOM—PHOENIXVILLE (PA.) HOSPITAL



## A Day in the Ward

Esther Deane

"OH, MY goodness, wasn't it enough to be awakened in the middle of the night," grumbles the Iodine Bottle, "without, just as I was trying to get forty winks, having that day nurse come on and put me in my place. Why didn't that night nurse put me where I belonged after painting that man's heel?"

It is morning and the night nurses have just reported off duty and a new set, in their clean uniforms, all fresh for the day's work, have come into the ward. The head nurse, in making her rounds, has stopped before the carriage and put the Iodine Bottle in place. This particular Bottle has only come from the dispensary in the night, and is spick and span in its new white label, so, consequently, everything that is going on is entirely strange to it. When thoroughly aroused from its nap, it decides to watch the proceedings of the day, which may prove interesting.

First, all the beds are made nicely, with sometimes a change of linen, here and there, and then all the patients who are convalescent enough, begin to wonder what they will have for breakfast.

Over yonder on the typhoid side, one fellow grumbles, "Milk, nothing but milk, I wonder they don't think we ever tire of that kind of stuff." When the trays are sent away, the day's work begins in earnest. The ward is swept and dusted, for soon the superintendent will be in, and if a speck of dust should chance to be found, it would be a disgrace to those who are in charge.

"Now I do wonder what those funny little glass sticks are for," exclaims the Bottle, in an undertone to his neighbor, for, after the baths, everything is ready for the nine o'clock temperatures to be taken. One of the seniors has been giving the medicines all around and soon the doctors will be in for their morning visits.

"Well, well, good-morning, girls, how are they all this morning," and the Bottle feels another wave of excitement pass over him. "That must be the doctors." And then he watches furtively from his corner, the different ones, as each in turn comes and goes, easing a pain here and doing a dressing there, with a word of cheer thrown in.

Among the patients are three typhoids, who are in different stages of convalescence. The one nearest the door is only allowed to sit up with a head rest, and has been enviously watching the attempts of the third, who is vainly trying to walk from his chair to the bed and succeeds about as well, perhaps, as a little child trying to learn to walk.

"What in the world are they doing over there," and the Bottle nearly falls off from the carriage in its eagerness to see behind a screen which has been placed around a bed, on the surgical side. Soon the screen is pushed aside and the orderly, coming in with the stretcher, places the patient on it and hurries out with him. Once again the Bottle is mystified by the sudden disappearance of a man. After a while, along about dinner time, back comes the stretcher, and the patient is placed on the bed. The Bottle notices he is very restless and seems to be feeling much worse than before he disappeared and, also, another strange thing, he requires the constant attendance of a nurse.

Presently, the dinners are brought up and Number Two of the typhoids, who has been sitting up in his chair for a little while, begins to find fault. "It is a wonder that doctor wouldn't get around here. He promised to come before dinner and see if I might have beefsteak, instead of eggs and milk toast. I'm sure I am nearly as strong as you and your doctor ordered meat for you two days ago."

"Well, I would be thankful if I might sit up in a chair and not have to lie here and have nothing but milk and rice, with milk in between meals," remarked the one nearest the door.

After dinner they take their afternoon naps and then the medicines are given and the temperatures are again taken. Once more the ward is swept clean and the Bottle feels the dust wiped off from its face. Now it is time for every one to have their nourishments.

"Mercy," thinks the Bottle, "but they have a lot to eat for sick people." Suddenly, one of the nurses steps up to an empty bed and turns down the sheets. Then in comes the stretcher and the screen is drawn around and next the Bottle sees is a new patient in bed. From that time on, things are quiet until five o'clock, when the temperatures have to be taken with funny little glass sticks, which the Bottle has found out are called thermometers, and the records are made on the chart.

The doctor comes in to see the operative case which aroused the Bottle's curiosity by its disappearance and restlessness after its return. While feeling his pulse, the doctor says, "Well, my man, how do you feel? Yes, Nurse, you can give him a little hot water, but no other nourishment until early morning. Let his stomach rest." The Bottle listens intently, for he has been particularly interested in that case all day.

By now it is six o'clock, time for the suppers and the medicines. Then each bed is

straightened and when all is finished the Bottle thinks it is about time to go to sleep. But, all of a sudden, the superintendent comes hurrying into the ward and calls one of the nurses to her, giving a few orders in a quick, decisive manner. The nurse hastens quickly to a bed and throws back the clothes, spreading a sheet over the whole, while another brings in hot water bottles and draws the screen around the bed, barely in time, for the gates are swung back and the stretcher is again brought in with a man, who is groaning and moaning as if suffering the most intense agony. Two doctors accompany him and in a few minutes he is put on the stretcher and is gone. The Bottle, who nearly loses its balance in the excitement, wonders what will happen next. After a time the patient is brought back with his head and hands all bandaged and the Bottle nudges his neighbor, which happens to be a jar of ointment, and they conclude that the man has been badly burned.

Peace and quiet, broken only by the occasional groans of the accident patient, at last settle over the ward and the Bottle draws a sigh of relief, remarking that it is now eight o'clock and the day nurses have at last reported off duty, while the night nurse has taken charge, he thinks it is time for little bottles to be in bed, so he will say good-night before the night nurse misplaces him again and causes him to have bad dreams of the exciting events of the day.



# The Visiting Nurse

## The 31st National Conference of Charities and Correction, Portland, Maine

Amy E. Potts

THE Thirty-first National Conference of Charities and Correction will be a marked one in the annals of "Visiting Nursing." Mr. Jeffrey Brackett, president of the conference, invited the visiting nurses of the country to join in the Portland meeting and arranged for them two special sessions just before the opening of the general conference, thus giving visiting nurses a recognized place as social teachers and educators.

The special sessions for the "visiting nurses" were held in the parlor of the Falmouth Hotel and opened with the registration of delegates on Tuesday evening, June 14, at 8 P. M.

Miss Hitchcock, from the "nurses' settlement," Henry Street, New York, was in the chair, and Miss Carr, from Newport, Rhode Island, acted as secretary.

The "nurses' settlement" in New York was represented by Miss Wald, Miss Waters and Miss Jacobus.

Miss Damer, in charge of the tuberculosis division of Bellevue and Allied Hospitals, represented the special visiting nurse for tuberculous patients.

Miss Jean Campbell, New York Mission district nurse; Miss Hillard, president of the nurses' settlement, Columbia, New York; Miss McKecnie, West Side Neighborhood House, New York.

Boston was represented by Miss Stark and Miss Gallagher; Miss Wilkinson, Hartford, Conn.; Miss Anderson, Orange, N. Y.; Miss Flora Stevens, Winchester, Mass.; Miss Jennie Row, Worcester, Mass.; Miss Lent, Baltimore, Md.; Miss Thelin, special tuberculosis nurse, Johns Hopkins Hospital; Miss Cabaniss, Richmond, Va.; Miss Matilda Johnson,

superintendent, Cleveland, O.; Mrs. Millie Trumbull, president V. N. A., Portland, Ore.; Miss Mary Wood, St. Paul, Minn.; Mrs. Adams, Misses Nan and Zaidee Dorsey, Omaha, Neb.; Miss Wightman, Miss Potts, Philadelphia, Pa.; Miss Gertrude Page, Dover, N. H.; Mrs. F. S. Streeter, secretary, Concord, Mass., V. N. A.

Twenty different societies for visiting and district nursing were represented—a good number for the first meeting devoted to this special branch of nursing.

Mr. Jeffrey Brackett was present at the meetings on Tuesday evening and Wednesday morning and gave some valuable suggestions; many others interested in the discussions were also present.

The first question brought up for discussion was:

1. *Should the educational and instructive features of "visiting nursing" be given such importance as to make skilled nursing only a secondary consideration?*

This discussion was opened by one of the representatives of the nurses' settlement, Henry Street, New York.

The general opinion of those present was that in most cases the instruction should be by actual demonstration on the part of the visiting nurse, such demonstration being repeated until the member of the family caring for the patient clearly understands what is to be done and how to do it. In families where there is no competent person to instruct, as when the mother is the patient and the children are young, the nurse should do the actual work—unless a caretaker can be provided, when the nurse's work is again one of supervision only.

2. *What are the best methods for a visiting nurse to pursue in order to secure sufficient care for her very sick patients at night?*

Miss Wightman, of Philadelphia, opened the discussion by asking the representative from Orange, N. J., what plan they found best. Miss Anderson stated that she had two pupil nurses from the hospital at a time, for training in district work, and in severe cases these pupils are allowed to stay with the patients at night.

Miss Stark, of Boston said that they could get volunteer nurses from the nurses' directory for occasional night work, or, failing this, they have a special fund from which the nurse is paid.

New York employs caretakers at night when necessary, and they are paid from a special fund, the family giving part or all of the sum when able to do so.

Miss Lent, of Baltimore, said they had about fourteen women to whom they gave some simple class instruction in the practical care of the sick last winter; they pay them from three to five dollars a week, and so far this plan has proved satisfactory, and they can usually keep these women busy.

Chicago has given up the caretakers, as being, on the whole, quite unsatisfactory.

In Philadelphia there is so much acute work, especially during the winter months, that one or even two night nurses could be kept busy most of the time, but this, so far, has not been undertaken. Some of the V. N. A. said they had not enough night work to keep a night nurse busy all the time. Rhode Island Hospital, it was said, sends out undergraduates to take part of their training in district work.

Presbyterian Hospital, Chicago, sends out pupil nurses for day work only, with the district nurses, during the preliminary course.

Boston District Nurse Association has pupil nurses from different hospitals during their last year of training for day work only.

Miss Wilkinson, Hartford, said she often

found graduate nurses willing to do volunteer night work among her poor patients.

The home care at night, of the patient in a critical condition, was not satisfactorily solved to the minds of many visiting nurses. The employment of one or more regular night nurses would seem the most efficient plan, but one must not forget the nurse's side of the question. In very many cases the patient cannot have the room alone—in others the condition of the surroundings, uncleanliness and vermin would make the night work a great trial to even the most enthusiastic worker.

3. *How shall we care for contagious cases when it is impossible to have one nurse specialize one class of diseases?*

New York city answers this question of the home care of contagious cases in the only effectual manner. The city employs different nurses for each contagious disease; at the end of their day's work, they leave their bags and all their outer garments in a building provided by the city for that purpose, from whence they are collected by a wagon and taken to the disinfecting plant, disinfected and returned to the building ready for the nurses next morning; meanwhile, the nurses, dressed in other clothing, return to their own homes. This seems as near the ideal as possible.

Boston engages another nurse for the ordinary district work and sends one of her regular district nurses to the contagious cases. There is a room provided by the society, where the nurse changes her clothing and takes her bath before going home. Other societies see the contagious cases last, at the end of the day, providing a special apron, which is left in the house, and handle the patients themselves as little as possible, instructing the member of the family in charge of the patient what to do. Still other societies feel they have no right to attend the contagious cases at all, the risk of carrying infection being too great.

4. *The advisability of impressing upon the public the growing necessity of nurses devoted to the care of cases of tuberculosis?*

Miss Damer, of Bellevue Hospital, said one of their greatest difficulties lies in the sleeping accommodations, it being often impossible to secure a separate room for the patients, and even the separate bed or cot often means great difficulties among the foreign population. It is hard to make them understand the necessity for care of the sputum. In some cases the fire escapes are utilized for sleeping, the roofs also, when flat, and hammocks have been suggested as affording some help in this question. Fresh air, rest and better diet being the essential part of the treatment, their efforts are directed chiefly to the attainment of these for their patients. The Association for the Improvement of the Condition of the Poor gives much help in providing milk, eggs, etc., also the Society for Organizing Charity and other charitable societies.

Miss Thelin, the special tuberculosis nurse from Johns Hopkins Hospital, said it is difficult for the men especially to leave off work when the doctor thinks it necessary to take the rest they so much need; in Baltimore, also, their chief efforts are directed toward procuring fresh air, rest and better diet for these patients with the proper care of the sputum.

The Boston representatives said they were careful that tuberculous mothers shall not nurse their infants, these babies being provided at once with modified forms of cow's milk.

Considering the large death rate from tuberculosis in Philadelphia, there were over 3,000 deaths from this cause alone last year, there are not more than 500 beds for these patients in that city. It would seem that special nurses for this work are indeed a necessity. Tuberculosis is far more prevalent among the poor, the ill-fed and the badly housed than among the well-to-do.

WEDNESDAY MORNING, JUNE 15.

1. *To what extent may the administration of sick diet and general relief be intrusted to district nurses without reference to investigating societies?*

Miss Wald said that at the Henry Street settlement in New York the advisability of starting a diet kitchen of their own had been discussed, where well made beef tea, chicken broth, and other diet suitable for sick people, could be had, either free, or at a nominal price.

Miss Damer dwelt on the desirability of close and cordial co-operation between visiting nurses and the "societies for organizing charity" and other recognized agents for the relief of the poor. As Miss Damer has been a member of the "society for organizing charity," she sees the question from both standpoints—that of the visiting nurse and the organized charity visitor, and she emphasized the benefits obtained when the nurse keeps strictly to the care of the patient and leaves the question of relief to those more accustomed to investigate the needs of the family.

Miss Carr cordially agreed with Miss Damer and said all visiting nurses would recall instances in the early days of their work when their enthusiasm had outrun their discretion in the matter of giving relief, and time had shown them how often their sympathy had been imposed on.

Miss Wightman said in Philadelphia a number of ladies, members of the committee, send some article of diet each day for use among the patients, such as cocoa, eggs, chops, rice, soup, etc.; the families in need are then referred to the Society for Organizing Charity, the Union Benevolent Society and other charitable agencies; free tickets for ice and pasteurized milk are also given to the nurses for needy patients. Other societies work in much the same way, some having a fund from which coal and food can be provided for the first twenty-four hours, until

the family can be referred to the proper agency for relief.

2. *Is a central home the best way to keep the interest and "esprit du corps" of the nurses, or should a nurse have residence in the district in which she works?*

Miss Lent, of Baltimore, spoke most decidedly in favor of a central home for the nurse's sake. If a nurse is not feeling well, she is not in a condition to do the best work. If Miss Lent finds one of her nurses with no appetite and not looking well, she tries to find out the cause, provides something between meals and arranges the work so that the nurse can have temporarily more rest, her argument being that during the winter, by this management, she has had no sick nurses.

Miss Wightman, of Philadelphia, has always been in favor of the central home, not only from the nurse's standpoint, but also from that of the patient. If a nurse is not fit for duty one day, her patients do not suffer at all, the work being distributed among the other nurses. If there are difficulties, the nurses can always refer to her immediately. It has to be rather an exceptional woman who does not lose some enthusiasm for the work when living alone.

Miss Hughes, of England, said they had found that the nurses living alone in their districts in London deteriorated in their personality and the quality of their work, and they were placing them in central homes. Miss Wald said the nurses do not allow the settlement work to interfere with their nursing, and she thinks it is a distinct advantage to the nurses to live in the settlement, associated with other workers. It broadens their knowledge of social conditions and of means for the general improvement of the condition of the poor. Their nurses work in districts, and they are careful not to change the nurse from her own district more than is absolutely necessary.

Other representatives said that their societies object to their living in settlements, col-

lege or social, contending that the nurse off duty needs the rest and the time for herself and should not be drawn into settlement work. In Denver the district nurse lives at the "charity organization house" and they work well together, finding there is much less time lost in referring poor families to the organization.

3. *Comparative methods of bookkeeping, records, reports, etc. What style of bag, apron, dress is desirable? Has a prescribed street uniform advantages over a less conspicuous style of dress?*

The first part of this question was not discussed at any length, many societies having samples of bookkeeping, reports and records on a table in the rear of the room.

New York, Boston, Philadelphia and Chicago had sample bags carried by their nurses. Cleveland, Ohio, had a bag which was offered as a suggestion, and a very good suggestion it is from an important point of view, that of lightness—much vitality being used up by the heavy bag containing the nurse's supplies. Only those who have carried this bag for three or four consecutive hours daily in hot weather know how dead a weight it becomes at the end of the day. The Cleveland bag was made of grass or rushes and lined with thin waterproof material, which could be taken out and washed. Some of the larger societies think a street uniform is best for the work of a visiting nurse. Boston, Chicago and Philadelphia nurses wear a uniform. The settlement nurses in New York do not. Undoubtedly some nurses, on taking up the work, begin by wearing long dresses, sweeping up the dirt around them, and hats suitable enough for an afternoon off duty, but not well adapted for bad weather and the hard wear a district nurse's hat gets, and a prescribed street uniform insures the nurse against any mistakes. In many cases, in the worst parts of the city, it certainly may be a protection. On the other hand, one has known some very good nurses object so

strongly to a street uniform that it kept them out of the work.

4. *Consideration as to the forming of a Federation of Visiting Nurses in America, adopting a uniform method both in dress and administration. See Queen's Nurses in England and the Victorian Order in Canada.*

The discussion of this topic was postponed to another occasion, as the time devoted to these special meetings had already expired. Miss Hitchcock kindly asked if there was any special question any one present wished to bring up. A desire was expressed to hear what Miss Wald could tell us of the school work in New York. Some one else wished to know what is the usual length of vacation given to visiting nurses, etc.

A third meeting was called at 2.30 Wednesday, P. M., when Miss Wald gave a brief and interesting account of how the school work began in New York and of its progress.

In answer to the next question, "The usual length of vacation given to visiting nurses," the discussion that ensued disclosed the fact that most societies give their nurses a month's vacation during the summer, with continuance of salary. Where the nurses work in districts a substitute is always supplied. Where they live in a central home the work is either taken up by other nurses or, if necessary, an extra nurse is engaged during the summer months. This is usually with the understanding that the vacation month is to be devoted to rest. Some societies give their nurses twenty-four hours off duty once in each week, which time they are advised to spend in the country, or at least quite away from the scene of their work. In other societies thirty-six hours is given once in every four or six weeks.

Another interesting item brought out is that in most cities (there are one or two exceptions) families where one or more members work are encouraged to pay a small fee for the services of the nurse; this in sums varying from five cents to twenty-five cents a visit. In

manufacturing districts, when in full work, twenty-five cents is paid by a great many, and these families really need the services of a nurse quite as much as the very poor and destitute. This closed the discussions. One of the impressions left is that in the main we are all working on the same lines—meeting much the same difficulties and problems. In cities where the financial support of the visiting nurse society is not difficult, more experiments and more advanced work can be tried, but we are all working for the same end, and in spite of obstacles the visiting nurse meets with much to cheer and encourage her and perhaps with more love and gratitude shown in odd ways than falls to the lot of many others.

A vote of thanks was given to the chairman and she was re-elected for that office next year, when the visiting nurses of America join in the National Conference of Charities and Correction. The general meetings of the conference were held in the City Hall, which was beautifully decorated by the ladies of Portland. Mr. Brackett invited and advised as many nurses to remain for the general meetings as possible for their own good, and no one can help feeling the inspiration gained by coming in contact with so many able men and women. The papers read and the discussions following them were of wide interest, giving one a broad outlook of the philanthropic work done in other fields by many enthusiastic workers.

The committee of the Maine General Hospital and those of other public institutions extended cordial invitations to delegates and members to visit their institutions; everywhere the same cordiality was shown and willingness to give all the information desired.

Mrs. Gunn, of Riverton, a suburb of Portland, hospitably entertained at lunch all nurses who were able to accept her kind invitation, and we are sure they had a delightful time.

# Department of Army Nursing

Dita H. Kinney

Superintendent Army Nurse Corps

Everything is running so quietly and smoothly in the Nurse Corps that there is little to chronicle. The greatest interest of the month centres about the marriage at the Nurses' Quarters, Fort Bayard, New Mexico, of Nurse Clara E. Hughes, after nearly five years' continuous service. The happy man (and he surely ought to be happy with such a bride) is Mr. Robert LeRoy Collins, Second Lieutenant, 2d Cavalry, U.S. Army. The Chief Nurse writes: "I must tell you just a little about the pretty wedding at our quarters. The nurses' dining-room was decorated with stars and stripes and the cavalry colors (yellow). The porch was enclosed and an arch of evergreens constructed at the upper end under which the ceremony was performed by the post chaplain. In the sitting-room the mantel and fire-place were banked with yellow daisies. I need not tell you that the bride looked sweet and charming in her dainty dress of white silk mull."

Mr. and Mrs. Collins sailed for the Philippines July 1, and will be "At Home," Manila, P. I., after August 1. May all happiness and prosperity attend them both wherever their lot may be cast.

Two very interesting engagements (and when were engagements *not* interesting) have been announced in Manila and there are rumors of several more. The information having reached headquarters secondhand, the Superintendent does not feel at liberty to mention any names. Perhaps this hint in **THE TRAINED NURSE** (the Army Notes are always seized and read with avidity by the nurses (may induce the happy brides-to-be

to confide in their Superintendent and place her in a position to invite other people to rejoice with them. The "on dit" even goes so far as to say that one of the nurses sailing on the last transport took a whole trunk full of American fol-de-rols, frills and suspiciously flimsy articles to one of the happy prospective brides.

The discharges since the last issue have been Mrs. Clara Hughes Collins and Miss Edith L. Richmond, the latter having been continuously on duty for five years and four months. She was discharged at her own request for a rest and a longer visit to her home than could be had by an ordinary leave.

Vacancies have been filled by Miss Olive I. Riley, graduate of Paterson General Hospital, Paterson, New Jersey, class of November, 1903; Miss Eva Cecilia Culter, Illinois Training School for Nurses (trained by Mrs. Isabel Hampton Robb), and Miss Della Virginia Knight, class of 1903, German Hospital Training School, Brooklyn.

Nurses Eleanor Underwood and Julia E. Wollpert, recently assigned to duty in the Philippines, have been ordered to Zamboanga, Mindanao, on detached duty, from Iloilo.

Gretta B. Meuser has been transferred from the Base Hospital, Iloilo, to the First Reserve.

Misses Mary E. Craig, Edith Young Griggs and Louise Rohlf, recently arrived in the Division of the Philippines, have been assigned to duty at the First Reserve Hospital.

Mary C. Hally and Carrie L. Howard, First Reserve Hospital, have been ordered to



duty at the Convalescent Hospital, Corregidor Island.

Misses Mary C. Barker, Ellen L. White and Minnie A. Winslow, have been transferred from the General Hospital, Presidio, San Francisco, to the General Hospital, Fort Bayard, New Mexico, for duty.

Alice Cecil White, transferred July 6 from Fort Bayard to General Hospital, Presidio of San Francisco, vice Mary F. Lyons, who

at the last moment requested to be allowed to remain at Fort Bayard.

Lucile E. S. Flick, recently arrived via the Suez, from Manila, has been assigned to duty at the General Hospital, San Francisco.

Nurses Annie M. Bartholomew and Margaret Pierce sailed from San Francisco on the transport *Sherman*, July 1, to Manila, for duty in the Division of the Philippines.

### St. Louis (Mo.) Notes

The Associated Nurses of St. Louis, Mo., held a short business session at the Fraternal Building on the World's Fair grounds on June 28 last, and after adjourning had a box picnic at the Illinois Court, which was indeed a very enjoyable affair.

Visiting nurses are always made welcome at the nurses' room in the Fraternal Building. A nurse can always be found in attendance there.

The hostesses at the above headquarters are: Misses Hay and Wright, of the St. Louis Training School, and Miss Church, of St. Luke's Training School.

Misses Gray and Robertson, of the Missouri Baptist Sanitarium, Miss Stanton and other nurses of the St. Louis Dispensary, with Miss Flanigan, of the St. Louis Training School, in charge, were the nurses at the Emergency Hospital established in the Coliseum during the week the famous Democratic Convention was held there. It goes without saying that they performed some very effective and much needed service.

The nurses on duty at the Baby Incubators of the Fair grounds for this month are Misses Stewart, Carfrae, Merriman and Beeler, of the Missouri Baptist Sanitarium, of St. Louis; Miss Howard, of the Mayfield, of St. Louis, and Miss Paybor, of the St. Louis Baptist Hospital; Miss Harvey, of the Jno. Morton Sanitarium, of Louisville, Ky., and Misses Mary Kelley and Lou Kildon, of the Niagara Memorial Hospital, of New York.

The Emergency Hospital established at the

World's Fair grounds is doing excellent work. The nurses in attendance are Miss Remburg, of the University of Pennsylvania; Miss Horn, of the Lutheran Hospital, of St. Louis, operating nurses; and Misses Eckerson and Jett, of the Protestant Hospital of St. Louis, medical nurses, with Miss Krouse in charge.

Among the nurses recently visiting St. Louis and doing the World's Fair, are as follows: Misses Fannie Jones, M. C. Haigis, L. Marion Wallace and Miss Howber, graduates of Bishop Memorial Hospital, of Pittsfield, Mass.; also Miss House, of Paris, Ky., with her sister Miss Mildred House, the latter now in training in the Louisville City Hospital, were, while in St. Louis, guests of Miss McKinley, of the Margaret McKinley Home and Registry for Nurses, located at 3943 Olive Street, St. Louis. Miss Curtis, a graduate of the Cincinnati Training School, of Ohio, a nurse in the Indian School in Onedia, Wis., was also a guest of the McKinley Home during her stay in St. Louis.

Miss Hill, recent graduate of the Missouri Baptist Sanitarium, St. Louis, Mo., has accepted a position in the City Hospital at Paris, Tex.

Misses Bridges and McCleskey, recent graduates of the Missouri Baptist Sanitarium, have left the city for Dallas, Texas, where they have taken the positions of chief nurse and operating room nurse. The Dallas (Texas) Hospital is a new one, but recently opened. We bespeak for all three of these young ladies a successful career.

# The Diet Kitchen

Mary Caldwell

## CREAMS, ICES AND SHERBETS.

During the hot summer days it is often wise to give nourishment which is cold to the patient. This can be done with ice creams and a great variety may be obtained by the use of different extracts and fruit flavors. In this way their palatability does not diminish. Ices and sherbets furnish still further variety to the diet, but are not nutritious, but are most acceptable, being cooling and refreshing.

Sherbets are of Oriental origin and were composed of fruit juice, sugar and water and served very cold, usually poured over crushed ice, but in this country it has come to mean frozen mixtures of fruit, or fruit juice, water and sugar. We have also added to the sherbet white of egg or gelatine to distinguish them from the water ices, which are made from fresh, ripe fruit, sugar and water, and are frozen very hard.

### ICE CREAM.

Mix together one quart of cream, four tablespoons of sugar and one tablespoon of vanilla flavoring; freeze.

### LEMON SHERBET WITH SUGAR SYRUP.

One pint of boiling water, one cup of sugar, three fourths of a cup of lemon juice. Boil the water and sugar together, without stirring, for twenty minutes. As soon as it is cool, add the lemon juice, then strain and freeze.

### LEMON SHERBET WITH WHITES OF EGGS.

Mix together one pint of water, one and three fourths cups of sugar, then strain it; freeze. When the mixture is about half frozen, add the beaten whites of three eggs.

### ORANGE ICE.

To two cups of boiling water add a cup and a half of granulated sugar, boil five minutes, remove from the fire, add two cups of orange juice, the juice of one lemon; strain and freeze.

### BANANA ICE.

To half a cup of lemon juice add two cups of sugar, four cups of water; stir until the sugar is dissolved, then add six bananas sliced very thin. Pour the mixture into a freezer, add the unbeaten whites of two eggs and freeze.

### FRENCH ICE CREAM.

Pour slowly one pint of hot milk over the yolks of four well-beaten eggs and one cup of sugar, then add a pinch of salt to the whites of the eggs and beat them stiff, also whip one cupful of cream. Flavor with vanilla and freeze.

### PHILADELPHIA ICE CREAM.

Mix together three cups of cream, one cup of milk, one cup of sugar, one teaspoon salt and one tablespoon vanilla flavoring, then scald the mixture, but do not let it boil; beat until cold and then freeze.

### LEMON SHERBET NO. I.

To half a cup of lemon juice add two cups of granulated sugar and three cups ice water. Stir until the sugar is dissolved, then serve in glasses filled with crushed ice.

### LEMON SHERBET NO. II.

Soak one tablespoon gelatine in quarter of a cup of cold water, dissolve it with one pint of boiling water, add one cup of sugar, one third of a cup of lemon juice and one tablespoon of brandy; freeze.

This mixture increases in bulk considerably. Sufficient space should be given it to swell in the freezer.

### STRAWBERRY ICE.

To one cup of strawberry juice or strawberry syrup, add the juice of a lemon and sweeten to taste; strain, pour into a freezer and freeze.

### FROZEN CUSTARD.

One pint of milk, one salt spoon of salt,

one and one fourth cups of sugar, yolks of three eggs, one pint of milk or cream, one teaspoon of rosewater and two tablespoons of sherry or brandy. Make a custard of the milk, salt, sugar and yolks of eggs; when cooked, strain and let it become cool, then add the flavoring and another pint of milk or cream and freeze.

#### FROZEN APRICOTS.

One quart of apricots, one quart of water, two cups of sugar and three tablespoons of brandy. Either fresh or canned may be used for this. If fresh ones are chosen, wash and wipe them carefully, cut them into small pieces, mash them with a potato masher until soft, then add the water, sugar and brandy; freeze. When canned apricots are used, they are prepared in the same way, but less sugar is used and the brandy may be left out.

Any of the above sherbets and ices may be made of peaches, strawberries, raspberries,

pineapple, or any of the soft, well-flavored fruits, by following these rules and possibly varying the sugar. They are all most delicious, wholesome and grateful in very warm weather or for feverish conditions, when fruit is allowed. All fruits with seeds should be strained after they are mashed through a wire strainer.

#### CAFE FRAPPE.

Frappés are soft water-ices, with or without cream, frozen to the consistency of mush, served in small punch glasses.

Make a quart of breakfast coffee, add to it while hot one cup of sugar; cool and strain, then add one cup of cream; freeze.

#### FRUIT FRAPPE.

Boil together three cups of water and one and one half cups of sugar for five minutes, add one cup of any kind of fruit, mashed, the juice of one lemon and two oranges, the whites of three eggs beaten stiff and half a cup of rum.

## Troy Hospital Nurses

A large audience assembled at the Troy Hospital to witness the graduating exercises of the Training School for Nurses connected with the institution.

Dr. C. E. Nichols acted as presiding officer.

On his right was Vicar General Swift and on his left Dr. M. D. Dickinson. Drs. C. H. Burbeck, M. Keenan, T. G. Dickson, L. F. Adt, Chester B. Herrick, Harvie, Rousseau, Houston, Kirke and other physicians connected with the hospital, Dr. Galvin of North Adams, a brother of a member of the graduating class, Father Dolan, Father Mulligan and Father Walsh, of Schenectady, were in attendance.

The address to the graduates was by Dr. Melville D. Dickinson, who urged the nurses to keep up-to-date: "She should read and keep up with the newest ideas; she should keep in touch with the best results of medical training."

Vicar General J. J. Swift spoke to the members of the graduating class, urging them to remember the lofty ideals which had been held up, and presented the diplomas. Sister Annie then pinned a badge to the breast of each graduate. Vicar

General Swift added a word, saying he had thought it would be a good plan to offer a medal to the member of the graduating class who should be chosen by her associates as the one most likely to do the right thing in any emergency, and offered henceforth to give each year such a medal. The offer was received with applause.

Dr. C. E. Nichols spoke to the class, offering congratulations and encouragement. The training school, established ten years ago, has graduated thirty-nine students. In behalf of the surgical and medical staff, a token of regard was presented to each graduate. In each case it was a medical work for reference.

The musical numbers which formed part of the program were beautifully rendered. A reception was held at the close of the exercises.

The members of the graduating class were: Miss Frances Agatha Galvin, North Adams, Mass.; Miss Mary Grace MacAran, Cohoes, N. Y.; Miss Frances Loretto Mattingly, Mt. Savage, Md.; Miss Frances Elizabeth Corcoran, Troy, N. Y.

# Editorially Speaking

## VISITING NURSES' CONFERENCE

In the department "The Visiting Nurse," of this issue, will be found a full report of the Section on Visiting Nursing in connection with the National Conference of Charities and Correction, held in Portland, Me., in June. This was one of the most successful conferences of nurses held in this country. The meetings were interesting and full of enthusiasm, and were not marred by the objectionable features so often present at gatherings of nurses.

It will be seen from the report that many important questions were discussed, and while it was not possible in most instances to arrive at definite conclusions, still much light was thrown on the problems which confront the workers in this branch of nursing.

Wisdom and good judgment were shown by the delegates throughout the sessions, and these were in evidence in the consideration of the question of future meetings. It was felt by all present that meetings inaugurated by the conference, and held during the days of the conference meetings, would be of greater value to visiting nurses, than the formation of a National Federation.

As THE TRAINED NURSE was, so to speak, the parent of organization for trained nurses in America, we cannot discredit our offspring, but it is quite possible to have too much even of a good thing, and we have already sounded a note of warning on the danger of too much organization. As a speaker at the conference remarked, "nurses are already as much organized as they can bear." Organization for this body was deemed undesirable, as the adoption of uniform standards, one of the objects sought for in organization, would in this case be impracticable, owing to the different social conditions each individual and association must encounter.

In writing of the conference for "Charities," Miss A. M. Carr, of Newport, ends her report as follows:

"Besides the interchange of methods and ideas directly connected with the work of the district nurses, one of the results of the discussions had been to bring clearly into view the fact that nurses are by no means exempt from the rule that applies to all bodies of social workers—the impossibility of attempting to stand alone, and the need for the help, experience and stimulus that must come by contact with all others. The interest shown by the nurses in remaining for some days and attending the meetings of the conference showed plainly their appreciation of this truth."



## THE CONGRESS AT BERLIN

The Congress of Nurses at Berlin seems to have been somewhat of a disappointment. This is we believe in a large manner due to a misunderstanding. Nurses had confused the International Congress of Women as a whole with the Congress of Nurses, and having expected too much, were naturally somewhat disappointed when the nursing section was given but one day. Then again we are apt to think of a Congress as a large assemblage of persons, and in this respect the Congress of Nurses was again disappointing. There were in all about twenty-five nurses from America, and some thirty or forty from other countries. What was lacking in numbers was made up in enthusiasm, and as few nurses took the trip solely to attend the Nursing Congress, they no doubt found other compensations.

Nurses' Day was June 16. Among the countries represented were Sweden, Denmark, Germany, Italy, France, America, England and Ireland. Frau Elsbeth Kru-

kenberg presided, and opened the meeting by giving a brief history of nursing in Germany, and a welcome to the foreign nurses. At the close of her remarks, she called upon Mrs. Bedford Fenwick, who read the opening paper on "Nursing as a Profession for Women from an Educational, Economic, and Social Aspect." Miss L. L. Dock gave the "History of Nursing in America." Miss Goodrich, of the New York Hospital, and Miss Banfield, of the Polyclinic Hospital, Philadelphia, also spoke of the condition of nursing in America. Dr. Ellen Sandelin was the speaker for Sweden, Sister Agnes Karll for Germany, Mme. Alphen Salvado for France, Signorina Cammeo for Italy. Among those taking part in the discussions were Lilli Baroness von Bistram, Frau Oberin Becker, Frau Thusnelda Arndt, Frau Schoman Cas- sel, Professor Zimmer, Dr. Irsael, Frau Emmy Von Gordon, Miss Isla Stewart, and Miss Mary E. Thornton. At the close of the session an impromptu luncheon was served.

\* \* \*

We regret to note that one or two of our representatives, committed the same error of taste and judgment that have been conspicuous in gatherings in America. Certainly a woman who has the ability to be a nurse should have the intelligence to know that to use her paper, address, or brief talk, on an occasion of this kind, as an advertising medium for something in which she is financially interested, is not only exceeding bad taste, but *essentially vulgar*. Nurses were criticized for this offense by the public press during the Congress at Buffalo; and since, one of the newspapers of Pittsburg, in reporting a convention of nurses held in that city, made a humorous comment on the same. We have also had the spectacle of a

president of an association using her address of welcome to the delegates for the same advertising purpose. That this offense should have been carried to Berlin was most deplorable. We find nothing of the kind on the part of women of other countries. If a woman has not an appreciation of the fitness of things, she should not aspire to honors, nor accept them if thrust upon her.

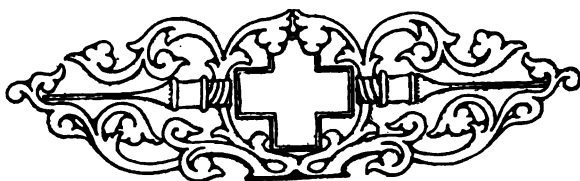
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To turn to pleasanter things, we would direct attention to the very interesting letter in the "Letter-Box" department of this issue, from one of the nurses who represented the Associated Alumnae at the Congress, describing the voyage, the visit to England, and the charming hospitality of the English nurses. We shall hope to hear more of the trip in future letters.

♣

#### A DANGER TO THE PROFESSION

There is a growing danger that our associations of nurses will become mere machines, where a few women press the button and all the other members move absolutely as they direct. We find nurses unwilling, as a rule, to speak freely at public assemblies, and also unwilling to be quoted as to anything they say in the nature of criticism, because criticism may cause the professional "bosses" to follow them up with some method of retaliation which will result in their professional injury. This is certainly a very sad state of affairs, and does not speak well for the ethical standards of the profession. In order that their thoughts and sentiments regarding the work they do may have influence, nurses must cultivate the same freedom and fearlessness of speech that we find in women of other professions.



# In the Nursing World

## Louisiana Nurses' Bill

The bill to regulate nursing, which was before the Louisiana State Legislature, received its death blow for this session in the Senate Committee on Health and Quarantine June 14. A number of nurses opposed to the bill went to Baton Rouge, and presented to the legislature a printed petition signed by 116 nurses. The nurses presented so strong a case that the bill was at once reported unfavorably. The bill was also found to be unconstitutional. We give below an editorial from the New Orleans *Picayune*, which we publish by request:

### PROPOSED NURSE TRUST.

The effort of a few of the trained nurses who are practising their profession in this State to have the Legislature organize them into a trust, so that they may control all the other trained nurses in Louisiana, is a remarkable piece of assurance.

There are at this time nearly 300 of these professional ladies who are engaged in the pursuit of their most meritorious calling in the State. The actual number is 296. Of these, 23 who graduated in other States, and 55 who are graduates of Louisiana hospitals, in all 78, have banded together, forming an organization or trust for which they wish formal legislative sanction, with power to make rules and regulations for the government and control of the other 218 nurses, and to subject them to examination, and to reject them and virtually exclude them from practising their profession in the State.

The idea that one fourth should control the other three fourths in any trade, calling or profession is untrue to our democratic-republican system, unjust to a great majority that possesses equal rights in law and in equity, and intended to create a monopoly in the business of nursing the sick—something that is repugnant to every consideration of humanity.

No reason of public benefit or justice exists why any monopoly of trained nurses for the sick should be created, and every demand of wise public policy and of public propriety forbids any such action. So far as it concerns the gentler sex, the fact remains that 78 women want to control 218 of their sex, something to which these 218 most positively object. If there ever was a case in which the majority is entitled to rule, here it is.

NEW ORLEANS, July 7, 1904.

IN THE TRAINED NURSE for July are several extracts from newspaper articles, under the head, "Nursing News from Louisiana." As quotations they are correct, but the statement in which the assertion is made to the effect that many nurses were requested to stay away from the meeting is absolutely false.

The mere fact that graduate nurses not only opposed a bill which is almost identical with the Maryland bill, but were lobbied against it, speaks for itself, so far as they are concerned.

When the Louisiana State Nurses' Association was formed it was felt that the schools being more centralized and fewer nurses to be reached, the work should be less difficult than where conditions were more complicated by space and numbers.

Few things worth having are easily gained, but it was not expected that nurses would object to high educational standards, to a nurses' board, and to morality clauses.

Forces that opposed the organization of training schools for more than ten years, that oppose alumnae associations, St. Barnabas Guild, and that maintain that the medical profession has retrograded by legislation, took up the work of trying to defeat the bill.

However, the bill had the endorsement of most of the best nurses and doctors of the State Medical Society, and of prominent educators, citizens, legislators and the best of the press.

We are told by some that our bill is dead. "It is not dead, but sleeping," with both eyes open. The Louisiana bill was almost identical with the Maryland bill and had been inspected by some of the best legal men in New Orleans, and yet, it was not discovered to be unconstitutional until after it had been presented in the legislature. In 1898 the new constitution did not incorporate the article from that of 1879, allowing women to serve on educational boards. The law now requires that only qualified electors (males 21 years) may hold an office of public trust, therefore, since our bill asked for a board of women, it must wait for a time, in the hope of a constitutional amendment. It was one of many to be withdrawn at this session, because of unconstitutionality.

L. MAY BUSLEY,

Chairman Press and Publication Com.  
State Association.

[We beg to say that the statements referred to

by the writer of the preceding were contributed to **THE TRAINED NURSE** and their authenticity vouched for by the contributor. We can, therefore, simply present both sides of the question and would not be so discourteous as to doubt the veracity of either. It has always been the policy of **THE TRAINED NURSE** to give a perfectly impartial hearing to all sides of a question regardless of our own sentiments. In this respect we are alone so far as nursing publications in this country are concerned. We take pleasure in presenting the statement of the chairman of the Press Committee of the State Society.]



#### International Council of Nurses

The quinquennial meeting of the International Council of Nurses was held June 17, at the Victoria Lyceum, Berlin. The business before the meeting included the presentation of reports on the financial condition of the council, and details of its work since the last meeting.

The question of the affiliation of national councils of nurses was presented for consideration, and a proposal that an invitation be sent to the federations of American and German nurses to affiliate into the International Council of Nurses was passed unanimously.

At the second session reports on naval and military service were read. State registration and the education of nurses also received due consideration, and papers were presented on these subjects. A set of resolutions moved by Mrs. Fenwick were unanimously passed by the meeting. Officers elected for the next quinquennial period are: President, Miss S. B. M'Gahey; secretary, Miss L. L. Dock; treasurer, Miss M. Breay.



#### Danvers Hospital Nurses

The graduation exercises of the fourteenth class of the Danvers (Mass.) Hospital Training School for Nurses were held Tuesday, June 21, in the chapel of the building. The class was composed of Misses Marion Amanda Winslow, Olive Cornelia Smith, Charlotte Jermyn, Mary Caroline Beckett, Kathryn Killelea and Zaidie Neal.

Essays and demonstrations were given, which showed that the years spent in the study and practise of the art of nursing had been wisely employed. Dr. Edward Cowles, of the McLean Asylum at Waverly, addressed the class. The presentation of diplomas was by Dr. C. W. Page, in a few happily worded sentences. At the close,

Rev. DeWitt S. Clark, D.D., of Salem, read, at Dr. Page's request, Tennyson's "In the Children's Hospital," and spoke of his pleasure in the exercises and extended his congratulations to the young ladies who had chosen such a noble calling. After the benediction, the friends retired to meet later at the Nurses' Home, where a reception was held. Light refreshments were served and music by the hospital orchestra added to the charm of the beautifully decorated and brilliantly lighted rooms. Miss Clark added greatly to the pleasure of those present by her sweet songs.



#### St. Francis Xavier Nurses

A large and deeply interested audience attended the graduating exercises of the St. Francis Xavier's Infirmary Training School for Nurses, Charleston, S. C., June 29. Bishop Northrop presided. The address of the Hon. John F. Ficken was eloquent and inspiring. He paid high tribute to the Infirmary and its beneficent work under the good Sisters of Mercy and spoke of the Training School as a blessed benefaction to the community. He concluded with salutary counsel and cordial congratulations to the graduates.

Dr. Manning Simons, surgeon in charge of the Infirmary, was most felicitous in presenting the graduating medals, and the Hon. George S. Legare was deeply impressive in his references to the ministrations of the Sisters of Mercy and the exalted vocation of the trained nurse.

The De Chantal medal for excellence in theoretical and practical nursing, donated by Dr. R. S. Cathcart, was awarded Miss Margaret McKenzie.

A medal for highest average in final examinations by board of examiners, donated by Dr. A. E. Baker, was awarded Miss Louise Penelope Palmer.

The graduates are: Miss Carmel Cyril Corbett, Miss Mary Magdalen Costello, Miss Margaret Celestine McKenzie, Miss Marie Stockenbrock, Miss Lillian Winifred Thornton, Sister Mary Baptist.



#### Lawn Party

The two training schools for nurses of Charleston, S. C., were well represented at the Lawn Party on the Riverside grounds, given for the benefit of St. Barnabas' Guild. A feature of the evening was the drawing for an easy chair by all the nurses present. The kind donor was Dr. Kollock.

### Augusta City Hospital Nurses

The eleventh annual commencement of the training school of the City Hospital, Augusta, Ga., was one of the most successful ever held by the school, the hall being well filled with friends of the graduates, the school and the hospital.

The auditorium was beautifully decorated with palms and ferns, and draperies of flags, and the program of exercises was most interesting.

The address of Dr. Ford to the graduates was a masterpiece.

Dr. Sparks Melton's address to the graduates was interesting and instructive.

Those receiving diplomas were: Miss Claude Fishburne, Aiken, S. C.; Miss Ada Mae Givens, Yamassee, S. C.; Miss Mary Florence Richardson, Dawson, Ga.; Miss Annice I. Barton, Chic Springs, S. C.; Miss Lula B. Edwards, Ridge Springs, S. C.

Miss Claude Fishburne's average was 96 per cent.

A reception was held by the graduates at the close of the exercises.

The training school has been for a year and a half in charge of Miss Mary A. Moran, graduate of the Philadelphia Hospital, class of '99. During this time Miss Moran has been successful in securing lectures for the nurses from several members of the faculty of the medical college of the University of Georgia.

### Metropolitan Hospital Nurses

The commencement exercises of the Metropolitan Hospital Training School for Nurses were held in the new Solarium, Blackwell's Island, on May 28, Dr. Walter Sands Mills, chairman of the Committee of Nursing, presiding, with Hon. James H. Tully, Commissioner Department of Public Charities, as honorary chairman.

The program included the reading of the annual report by the superintendent; addresses by Rev. Francis Barnum, chaplain Metropolitan Hospital; Dr. John H. Demarest, president Metropolitan Medical Board; Rev. William T. Crocker, rector Church of the Epiphany.

Administration of Hippocratic oath and presentation of diplomas by Mrs. William Kinnicutt Draper, president Board of Managers.

Presentation of prizes by the Commissioner. Benediction by Rev. Thomas Gardiner Littell, D.D., followed by a reception at the Nurses' Home.

The graduates were: Misses Martha Rutledge, Laura Patterson, Mary Hogan, Luella Johnson, Emily Wilkinson, Lucie E. Moore, Katherine

Agnes Dillon, Adline May Robert, Lulu H. Uptegrove, Gertrude Mary Ross, Eleanor Virginia Briggs, Frances Winifred De Long, Sara Emlyn Winter, Leuvenia Nice, Emma May Harding, Julia Delafield Clock, Mary Radford Harold, Lucca Katharine Wagner, Lillie Alberta Weaver, Bessie Lee Gipson, Aileen Rowena Leonard, Nellie Elizabeth Martin.

The post-graduates were: Misses Lilian Elizabeth Henderson, Elizabeth A. Olwell, Virginia Fernlie Durfrey, Clara Moreland Evans, Lucy Bell Sadler, Anna B. Waters, Emily Wilkinson, Ella Johnson, Mary Hogan, Katharine Agnes Dillon, Lulu H. Uptegrove, Eleanor Jackson.

The nurses received their training in the Metropolitan Hospital and Tuberculosis Infirmary until May 17, when the following regulation was passed: "That after this date it shall be understood that the nursing in the Tuberculosis Infirmary is a privilege to be granted to pupil nurses for two weeks only, and it is in no way to be considered as a part of their regular training."

### Springfield Hospital Nurses

Eight young women graduated from the Springfield (Mass.) Hospital Training School for Nurses June 16. There were interesting exercises in honor of the occasion. George Dwight Pratt, president of the board of trustees, presided. Dr. Hahn opened the exercises with prayer and was followed by Miss Cotton, matron, who read an excellent address.

Following Miss Cotton, Dr. Seelye gave a brief address, the keynote of which was progress, and Mr. Pratt gave the final words to the class and presented the diplomas.

After the exercises ice cream and cake were served to the guests by the nurses, and a social hour was spent, during which Mr. Pratt, Miss Cotton and the graduates received. The Philharmonic orchestra played in an open corridor, just off the hall. The rooms were decorated with lilies and roses and several of the nurses received flowers.

The following received diplomas: M. Alzada Mott, Florence Campbell, Mabel H. Mills, Gertrude B. Drake, Ida M. Whynot, Elizabeth B. Fearing, Priscilla Willman and Adeline Willman.

### Nursing Notes From England

Parliamentary registration of British nurses is the chief topic in nursing circles. Unfortunately the warmest supporters of the movement are of divided opinions, consequently two bills have been presented for legislation. Another party,



which includes not only members of some influential hospital committees, but the matrons of the London, the Edinburgh Royal Infirmary, and some other large training schools, have published their avowed disapproval of registration for nurses.

Miss Isla Stewart, matron of St. Bartholomew's Hospital, and Mrs. Bedford Fenwick, were members of the committee appointed to receive the party of American nurses en route for Berlin. A lunch given by Miss Debenham at St. Andrew's House, a drive through London, and dinner at the Criterion Restaurant, formed part of the entertainment.

*Laborare est Orare* (to labor is to pray) is the motto chosen for the *Queen's Nurses Magazine*, which has made its initial appearance this spring. The periodical, which is to be published quarterly, is edited by a "Queen's Nurse" in Ireland, Lady Hermione Blackmore, and professes to deal more especially with all questions affecting district nursing, and to form a bond of sympathy not only between the nurses of Queen Victoria Institute, who now number over 1,400, but also those of the Victorian Order of Nurses in Canada, which organization was also founded as a memorial of Queen Victoria's reign.

St. Bartholomew's Hospital is to be rebuilt, and not removed from its present site in the historic neighborhood of Smithfield, despite the arguments that it has not now the most advantageous position for such an important school of medicine. The Church of St. Bartholomew the Great and the hospital were founded in the year 1120 by Radere, an Augustinian monk, whose tomb is in the church. The grand hall of the hospital has a gallery with a very valuable collection of portraits, including one by Holbien of Henry VIII.

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#### Nursing Notes from Minneapolis

Miss Elizabeth Sprague has been called to Owatonna, Minn., to take charge of a hospital until Miss Clara Munroe, who has been ill, will be able to resume her duties as superintendent.

Miss Valerie Hull, graduate from the City Hospital Training School, Minneapolis, who has been superintendent of the Kalispell Hospital, Kalispell, Mont., has been called to her home at Tower, N. D., on account of the serious illness of her mother.

Miss K. McPherson Brown, graduate from a Toronto hospital, has located in Minneapolis.

Miss Carrie Lane, graduate from Northwestern Hospital Training School, Minneapolis, has been appointed superintendent of the hospital at Lidgerwood, N. D.

Miss H. Isabelle Sinclair, graduate from the City Hospital Training School, left for Madison, S. D., on Wednesday, July 6, to take charge of the Madison Hospital and Training School.

The City Hospital Alumnae Association held its regular meeting Friday evening, July 1. Miss Edith MacDermid read a very interesting paper on "Visiting Nursing."

Miss Kephart, graduate from Asbury Hospital, now doing visiting nursing at Cleveland, Ohio, has been in Minneapolis for a month's vacation.

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#### Connecticut Training School for Nurses

The Connecticut Training School for Nurses receives a bequest of \$2,000 from the estate of the late C. S. Mersick, of New Haven.

Mrs. Martha J. C. Smith, assistant superintendent of the Connecticut Training School for Nurses, has tendered her resignation. Miss Elizabeth A. Bolton has been appointed to fill the vacancy.

Mrs. Julia L. Fowler, graduate of the Connecticut Training School for Nurses, class of 1887, is critically ill at Grace Hospital, New Haven.

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#### Williamsport Hospital N. A. A.

The regular monthly meeting of the Alumnae Association of the Williamsport Hospital Training School for Nurses was held Thursday, June 30, at 3 P. M., at the Nurses' Home, and was very well attended, eighteen members being present.

Both the minutes and the treasurer's report were read and accepted.

Dr. H. G. McCormick was then introduced to the alumnae, and gave a most interesting and helpful address on "Acute Lobar Pneumonia." At the close of the address a rising vote of thanks was given the lecturer of the day.

Several topics of interest were then discussed, after which the meeting adjourned to meet the last Thursday of July.

R. ELIZABETH SWEELY, Secy.

**Reading Homeopathic Hospital N. A. A.**

The Alumnae Association of the Reading Homeopathic Training School for Nurses held its regular meeting on Saturday, June 18, 1904. Five members responded to roll call.

The minutes of the former meeting were read and approved.

The following officers were elected for the ensuing year: Miss Annie Kaufman, president; Miss Ella R. Snyder, vice-president; Mrs. Florence Keppelman Freese, secretary-treasurer.

The following were elected members of the association: Miss Carrie M. Will, Miss Sophie E. Moyer, Miss Lillian M. Seitzinger.

After deciding to hold the next regular meeting September 8, at the Homeopathic Hospital, the meeting adjourned. F. K. FREESE, Secretary.

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**Lebanon Hospital Nurses' A. A.**

The regular monthly meeting of the Alumnae Association of the Lebanon Hospital Training School was held June 14, the president, Miss Josephine McCaffrey, in the chair. After the reading of the minutes, the report of the delegate, Miss Saffier, who attended the Associated Alumnae Conference in Philadelphia, Pa., was read. At the close of the meeting a very pleasant half hour was spent in a social manner, during which refreshments were served.

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**Green Gables Nurses**

The commencement exercises of Green Gables the Dr. Benj. F. Bailey Sanatorium, of Lincoln, Neb., were held on Saturday evening, June 4, 1904. The members of the class are Miss Bessie L. Huston, Miss Alta M. Briggs and Miss Mary B. Hart.

Over three hundred friends and former patients gathered in the large amusement hall at Green Gables, which was beautifully decorated with palms and roses. The State flag from the capitol dome, draped gracefully, formed a fitting background for those who enter a work not less noble than that rendered by sword and gun.

The address of the evening by Chancellor Andrews, of the University of Nebraska—"a graduate patient of Green Gables," as he humorously expressed it—was strong, helpful and most entertaining. Our Dr. Bailey followed with a short talk to the class in which he paid tribute to their faithfulness in service and their fitness for the work which they have chosen. He then presented the first class of this training school with their diplomas.

After the report of the superintendent of the

training school, Dr. J. E. Tuttle, of the Congregationalist Church, pronounced the benediction. Music, both vocal and instrumental, and a reception completed the program of the evening and made this a day long to be remembered by all.

**Green Gables Girls**

(Written by a former patient of Green Gables.)

Who are always trim and neat?  
Who are always kind and sweet?  
Who answers bells with ready feet?  
Green Gables girls.

Who so lightly, swiftly pass  
From room to room with spoon and glass?  
Who'll be missed too soon, alas?  
Green Gables girls.

Who softly come when nights are cold,  
And blankets double, fold on fold,  
Never waiting to be told?  
Green Gables girls.

Who greet you with a merry joke,  
Saying lightly, "Will you smoke?"  
While your wrist their fingers poke?  
Green Gables girls.

Who fix "nourishment" and "tray"  
In such a dainty, tempting way  
For lazy lie-abeds-by-day?  
Green Gables girls.

Who, when patients lie at ease,  
Rub "salt" and "butter," as they please,  
Then add a brisk electric "breeze,"  
Green Gables girls.

To whom will mem'ry fondly turn?  
For whom will I full often yearn?  
For whom my heart's love warmly burn?  
Green Gables girls.

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**Mercy Hospital Nurses**

The graduating exercises of the Mercy Hospital Training School, Chicago, Ill., were held June 21. The address to the graduates was by Prof. J. B. De Lee. The Class Prophecy was by Miss M. I. Kelly. Class Reminiscences by Miss M. E. Dionne. Valedictory by Miss J. M. Donnelly. The diplomas were conferred by Prof. E. W. Andrews. A delightful musical program formed part of the exercises. The following received diplomas:

Miss Mary Irene Kelly, Miss Mary E. Dionne,

Miss Agnes Marie Meagher, Miss Gertrude Gilpin, Miss Julia Marie Donnelly, Miss Sara Janette Sween, Miss Catherine Maloney, Miss Anna E. Sullivan, Miss Frances S. Giffen, Miss Lulu May Miller, Miss Glenndora M. Blakely, Miss Josephine D. Studebaker, Miss Vivian Winifred Johnson.

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#### Shocking Accident

Miss Gertrude F. Healy, aged twenty-seven years, daughter of Thomas J. Healy, of 43 Welles Street, Providence, R. I., a trained nurse in St. Joseph's Hospital, Providence, met death under most distressing circumstances in that institution May 29. Though there were no eye-witnesses of the accident that caused the fatality, it is reasonable to suppose that she was reaching into the dumbwaiter for some article which it had brought up to the fourth floor, when she probably pulled the wire rope that starts and stops the lift. Before she could release her head the lift had descended upon it, pinning it fast between one of shelves and the casing of the shaft. Death was the inevitable result.

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#### Cooper Hospital N. A. A.

The Alumnæ Association of the Cooper Hospital Training School held its third annual meeting June 16, 1904. The president being absent, the first vice-president, Miss Rockhill, called the meeting to order.

The minutes of the last annual meeting were read, and reports from all standing committees.

One new member was accepted.

Two committees were appointed by the chairman, as follows:

For the banquet to be held at the opening of the alumnæ meetings in October, Miss I. B. Myers, Miss Steelman, Miss Woods and Miss Rockhill. For the revision of the constitution and by-laws, the officers of the association.

The election of officers for the ensuing year was then in order: President, Miss G. Michaels; first vice-president, Miss McEachern; second vice-president, Miss Woods; secretary, Miss P. Hartman; treasurer, Miss I. B. Myers, No. 574 Benson Street, Camden, N. J.

The regular monthly meeting was held immediately following the annual meeting.

The regular and special business was transacted, and the meetings adjourned for the summer.

IRENE B. MYERS, Secy. *pro tem*.

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#### Cottage Hospital Exercises

The graduating exercises of Cottage Hospital Training School, of Peoria, Ill., were held at the Congregational Church May 26. The church was beautifully decorated for the occasion. After the invocation by Rev. John Favelle, Mr. O. J. Bailey, president of the training school, introduced the speakers of the evening: Dr. J. S. Miller, who gave an interesting address on "The Trained Nurse." Mrs. Nellie Kedzie Jones, of Kalamazoo, Mich., who spoke on "The Reward of Service." Dr. Thomas M. McIlvaine, president of medical staff, in a few well-chosen re-



Miss H. J. Fisher, Supt. Lillian B. Stuff, Head Nurse Bessie Huston Alta M. Briggs Mary B. Hart

SUPERINTENDENT, HEAD NURSE, AND GRADUATING CLASS OF GREEN GABLES SANITARIUM

marks, presented diplomas to the following nurses: Emma Martens, Trella Dewey, Florence Brown, Edna Bestor, Mary Spencer, Lida Byrum, Mary Buckey, Geraldine Borland, Vina Kilby, Bessie Moore.

A reception to the nurses followed the exercises of the evening. ELEANOR J. COOLIDGE.



#### A New Camp

A few of the Spanish-American War nurses in and about Chicago, after securing a charter from the National Association, met on May 10 and organized a camp to be known as "Camp Nicolas Senn." The second meeting was held June 7, with an increased attendance. Meetings will be held regularly each quarter, beginning on the first Monday in September.

(Mrs.) J. DUNCAN-HAMMER, Secy.

(Mrs.) E. R. PORTEOUS-MINTEER, Capt.



#### Married

Mr. and Mrs. John Ganey announce the marriage of their daughter Jane Gertrude to Mr. John Joseph Talbot, Thursday, June 30, 1904, at Salem, Mass. Mrs. Talbot is a graduate of St. John's Hospital Training School for Nurses, Lowell, Mass.

Miss Melita K. Pell, a graduate of the Training School of the Hospital of the University of Pennsylvania, Pa., class of 1897, was married June 1, 1904, to Mr. J. Caldwell Williams, of Montclair, N. J.

Miss Lyda McKinley, graduate of the Allegheny General Hospital, Allegheny City, Pa., and Mr. Walter B. Harris, of Melbourne, Ark., were quietly married by the Rev. N. Luccock, pastor of the Union Methodist Church at St. Louis, Mo., July 5, at eight o'clock. For the present "at home" at 3943 Olive Street, St. Louis, Mo.



#### Personal

Among the nurses traveling in Europe this summer are the following from the Orange Training School, Orange, N. J.: Miss Kate Baker, Mrs. De Arcie Stephens, Miss Bertha Gardner and Miss Marietta Squire.

Miss Helen M. Garratt has received the appointment of superintendent of the Amsterdam Hospital, Amsterdam, N. Y., and has entered upon her duties.

Miss Blanche Stair, of Levering Hospital, Hannibal, Mo., is enjoying a month's vacation visiting the World's Fair at St. Louis, and many other points of interest.

Miss S. A. Gill and Miss E. Wynne, of Levering Hospital, Hannibal, Mo., have returned from their delightful and restful vacation.

Miss Carrie N. Will, of the class of 1904, Reading Homeopathic Hospital, has accepted the position of "parish nurse" at South Bethlehem, Pa.

Miss Rebecca A. East, of the class of 1900, Reading Homeopathic Hospital, has resigned her position as night superintendent of the Pottsville Hospital and accepted the position of superintendent of nurses of the Children's Homeopathic Hospital, Philadelphia, Pa.

In personal mention of Miss M. A. Schultz, of the Alma Sanitarium, in July issue, it was stated that Miss Shultz was a graduate of the class of '94. This was an error and should have read class of 1904.

The engagement is announced of Miss Clare McCullough, of Toronto, Can., and Victor Corse Thorne, M.D., son of Mr. and Mrs. Jonathan Thorne, of New York. Miss McCullough was a nurse at the New York Hospital, where Dr. Thorne is a member of the house staff.

Miss Edyth B. Hawkins, of Boston, is taking a post-graduate course on the Boston Floating Hospital.

#### Obituary

Miss Flora Alderman, of Nashville, Tenn., died at Soochow, China, May 22, 1904. The news of her decease came as a shock to the community. For two weeks she had been sick with malarial fever, but the attending physicians considered her as improving till, on Saturday at noon, there was a change for the worse, and in twelve hours she passed away. Miss Alderman was a graduate of the Nashville City Hospital Training School for Nurses, and had also taken a course for mission work in foreign lands. She was a native of Wartrace, Tenn., and belonged to an old family of that section. Before going to China last November she had resided in Nashville, and was a member of Westminster Presbyterian Church and later Moore Memorial. She volunteered for mission work at the Young People's

Missionary Conference at Lookout Mountain last July, and was later appointed to go to Soochow. Letters received from the field since Miss Alderman arrived in China indicated great interest in her work. When she left she was the picture of good health and cheer, and the news of her death was first communicated to the Board of Missions through a letter of Dr. DuBose.

In speaking of the beautiful character of Miss Alderman, Dr. DuBose says: "During an experience on the field that covers a generation, we do not recall an instance where in so brief a time one so completely won the love of the natives. They considered her 'altogether lovely,' and thus she was by nature and grace fitted to represent the Master she served."

Miss Edith L. Forsythe died June 11, aged twenty-nine years. Her burial took place at her home in Aurora, Ontario, Can. Miss Forsythe was a graduate of the Springfield (Mass.) Hospital Training School for Nurses.

Miss Emma MacMillan, a member of the class of 1904, Connecticut Training School for Nurses, died at her home in Sherbrooke, N. S., of tuberculosis, June 2. It is with deep regret that the members of her class hear of the death of their sister nurse. She had been in the school more than two years, when taken sick early in February. The latter part of March her health had improved enough, so that she could be taken home. She was a most patient and brave sufferer. Miss MacMillan was loved by all her associates in the school on account of her kind, gentle and forceful character.

The Alumnae Association of the Wilkesbarre City Hospital Training School for Nurses met in the Medical Society rooms to adopt resolutions concerning the death of a sister nurse, Emma Carpenter Potts, who died while in the faithful performance of her duties in a hospital at Eleele, Kauai, Hawaii. This meeting was for the saddest purpose that the alumnae association had ever been called together. It has been sixteen years since the training school was established in our hospital. The first class graduated in 1890, and this is the first time that death has broken our ranks. "Death loves a shining mark," and has taken our noblest and best.

Emma Carpenter Potts was a graduate of the class of 1893. She left the hospital in January of

that year. Her hospital training was hard, and during the last year of hospital service she had an unusual amount of hard private duty. She was an indefatigable worker, and no nurse from our school has had such a record for constant work. During the first two years of her professional work she did not have even one day between her cases, going from one patient directly to another, such was the demand for her faithful and capable services. She had a splendid constitution, but unceasing and untiring work told on her slender frame, which had relieved so many aching bodies, and when disease entered her system it never left her until death claimed her for its own.

Great is our loss, both socially and in our professional world. Many are the sad hearts and tears for her loss. She was unselfish in every sense of the word; hers has been a beautiful, helpful, noble life, possessing all the attributes of pure and true womanhood. The mission that first took her to the Hawaiian Islands was one of loving kindness. If her reward is according to her labors, it will be of the highest. She has sacrificed her life for her profession.

Many beautiful and loving tributes were paid to her memory by her sister nurses. The nurses hope to be able to endow a bed and keep a room for sick nurses in the hospital, to be known as the Emma Carpenter Potts Memorial. Such plans are being considered. The following resolutions were adopted:

*Whereas*, It has pleased Divine Providence to take from our number Emma Carpenter Potts, a graduate of the class of 1893 of the Wilkesbarre City Hospital, and a member of the alumnae association;

*Resolved*, That we, the members of the Alumnae Association, express our deep sorrow on account of her death and our own appreciation of her sterling qualities.

*Resolved*, That we extend to her mother and family our sincerest sympathy in their very great loss, and that a copy of these resolutions be sent to her family and to Miss Anna Potts, of Eleele, Hawaii, and be entered upon the minutes of the alumnae association, and be published in THE TRAINED NURSE.

MARGARET PORTER,  
ETTA ROACHE,  
CLARA TREGLOWN,  
ISABEL WEIR,

Committee on Resolutions.

WILKESBARRE, PA., June 18, 1904.

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*Nursing World notes will also be found on pages 107 and 109.*

# The Editor's Letter-box

The Editor is not responsible for the views of contributors.

## An Undiagnosed Case

DEAR EDITOR: Perhaps some of the nurses would be interested in this case.

The patient had been in labor about seventeen hours when I was called. There was pain, but no progress. She was the smallest woman—that is, the vaginal tract was the smallest, the doctors said, they had ever seen.

The child, weighing eight and one half pounds, was taken with short forceps. The doctor was careful to unlock the instruments each time so as to relieve the pressure on the head. It is of the child I wish to speak.

The little fellow cried when born, but not very much. His nails and bottoms of his feet were cyanosed. After bathing him (he appeared a strong, well-formed child) I gave him to his aunt to warm his feet. He turned dark in the face—seemed to choke. I put my finger down his throat and got a heavy piece of mucus, still he did not breathe or improve. I sprinkled his face with cold water and blew in it, yet no change. I put him down and did artificial respiration, then he seemed to get all right except his nails were still cyanosed. He was now about two hours' old. During the night he vomited and slept little; fretted some. He would not nurse; did not know how to draw my finger, and the nipple was short.

The next day the doctor ordered "toddy" for him, he vomited it. I found he was more cyanosed when on his back or right side than when on his left.

The left cheek had a very superficial abrasion from the instruments.

First day.—All day he continued to vomit the clear mucus at intervals and did not retain anything. That night (the second night) I tried to give him dulcose and he vomited it before I could finish giving the full amount ordered. His bowels moved normally, but he did not pass urine until a probe was introduced into urethra when he was thirty-six hours old. He rested little, very often cried out, rather a fretting, before he vomited, and from the expression of his face and the way he put his tongue out he must have been nauseated.

Second day.—Doctor ordered tr. opii comp. to settle stomach. This he vomited like water. After that he gave a creosote mist, which met the

same fate. He was more or less cyanosed all of the time and the mucus continued to come up.

Third night.—The vomited substance resembled the white of egg well beaten, and it got so it rose in his throat, making a fizzing sound just like a bottle of beer when first opened. It boiled up without any effort and he would swallow as fast as he could. Every now and then I had to put my finger in his throat and turn him over to get the mucus out. At last the froth rose in his throat so fast it bubbled out of his R. nares and I thought he would strangle. Now and then he would cough. We had been trying to give dulcose and egg albumen by the bowel, but it was returned at once, even when given high with a small catheter. Sent for the doctor. He said he did not know what was the matter or what to do. Even giving enema would cause this froth to boil up worse in the throat. The little fellow appeared bright and hungry, but could not take the breast. About 3 A. M. of the third night he grew quiet and slept more. At 8.30 A. M., no froth having risen and he being quiet for five and one half hours, I tried to give him some dulcose. At once the froth began to rise and he vomited. During the third night his temperature, by rectum, was 101° F. His circulation was somewhat improved, but when he would get so full of this froth and vomit he would become more cyanosed.

Third day.—Bowels had not moved since first twenty-four hours. Temperature 103.1-5° F. There was not any distension in abdomen or stomach. Doctor ordered some other medicine that was vomited. He continued to sleep very little, but would be quiet with eyes open until a sick spell would come on and he would be so deathly sick and put his little tongue out and begin to retch. After removing the mucus from his throat he would be relieved and rest for about fifteen minutes.

Fourth night.—On the fourth night doctor ordered sedative by bowel. This he retained, but failed to keep the dulcose by enema. Sweet oil, 3i, was given by mouth; this was retained, but between 10 and 11 P. M. I thought dissolution had set in from all appearances. His spine seemed to be sore as he fretted each time he was moved.

Fourth day.—No change except weaker.

Milked the milk from the mother and gave it to him and that was vomited at once, and like everything else, seemed to make the froth rise in his throat faster. Temperature came down to 100°. Tried sedative and nourishment by bowel, but was rejected at once with a small motion. At 11.15 A. M. gave sedative and intended to try dulcose again by bowel at 12.30. At 12.10 P. M. had an attack of suspended respiration. We thought him dead, as it lasted about ten minutes. Of course, he was very much cyanosed. He began to gasp and after artificial respiration came around all right, but after that these attacks came on every ten minutes to one half hour and would last from five to eleven minutes. Each looked like the last; he had eight of these spells and died in the eighth one. Between these spells he would clear up and breathe regularly.

During the four nights and three and three quarter days he lived he never got the benefit or retained any thing except the olive oil sedative. His bowels moved three times and he voided urine three times. During the last twelve hours I could hear squeaking rales and feel the vibrations in both lungs. He must have gotten up at least O ss. of mucus and froth altogether. When I went to shroud him the cord was off and umbilicus healed nicely.

Please diagnose. O. CAMPBELL.

&

#### Qualifications for a Nurse

DEAR EDITOR: I have been asked to prepare the following for publication in THE TRAINED NURSE. I thought this would be an appropriate time, as now nurses are being received for the new classes.

H. M. G.

The occupation of caring for the sick, which has now come to be a profession, is a very worthy, noble field of service, possessing ample opportunity for self-sacrifice and the expression of so many of the finest traits of character, it is one of nobility; and if the heart of the nurse is really dedicated to its service, she will be loyal and faithful to its cause.

On this account let the young woman who is being trained for a nurse remember, at all times, to be a noble, true woman in every sense of the word.

As the earth is made of minute particles of sand, as the sea is made of little drops of water, so character is made of little courtesies, smiles, kindnesses and small obligations.

A special liking for her vocation, without which success is impossible, might be mentioned as one of the first qualifications of a nurse; next, is the

question of health. No one but a comparatively strong and healthy woman should take up this work, as it requires the best of health and great endurance.

This is necessary to compensate for the disagreeable part of the work which, it cannot be denied, exists.

You will not have to do with inanimate things, but with human beings and human nature, and with human beings in distress needing your services.

You will see human nature as it really is, divested of its disguises, showing its true character; the sham person, under suffering and the fear of death will throw off their mask and exhibit their true self in all its pitiful littleness.

The genuine man or woman will meet their sufferings with the courage and brave endurance which has actuated them in all life's duties.

Then again you will silently stand by your patient, or hold her hand while she crosses the threshold into the unseen world. In dealing with all this infinite variety of human nature, and often at its worst, you will need inexhaustible patience, tact, and endurance.

A quiet, gentle, sympathetic manner always marks the most successful nurse. It is one of the most important requirements and is of great use in gaining the confidence of the patient.

One must be prepared to meet wholly unreasonable patients, on whom it will not do to waste too much sympathy, but one should learn to be firm with such on all important questions.

Private nursing differs much from hospital work. You will often have to give up your personal routine of life, or at least adapt it to the conditions of the household you enter.

Entire loyalty toward doctors and those in authority, and the avoidance of gossip, are also of great importance. "Do unto others as ye would they should do unto you," and love your neighbor as yourself.

Always be careful as to the nature of your attire when in attendance upon the sick, step quietly as you go about your duties in the sickroom, be gentle in all things, cultivate a pleasing, cheerful expression, and it will be essential to your success at the very beginning to adapt yourself to circumstances. Another most important duty for a nurse is, to be self-reliant; some are self-reliant by nature and some achieve self-reliance. In your calling you must possess it if you would aspire to the highest success.

Unless a nurse is prepared for a life of patient toil and untiring effort; for disappointments, for

countless sacrifices of time, talent and inclination; unless she is able to meet and bravely overcome many obstacles; to rise superior to the small jealousies and vexations of spirit; and to give herself bravely and brightly to her work, "with patience enduring all things and with faith hoping all things," any one should think the matter over well, before choosing as her vocation in life that of a "Trained Nurse."



#### En Route for Berlin

DEAR EDITOR: Ten members of the Associated Alumnae of the United States are touring Europe *en route* for the National Congress of Women to be held in Berlin this month. The party are with Miss M. E. Thornton, delegate from the United States. Sailing from Philadelphia on the S.S. *Merion* May 21, they had a most enjoyable passage—only one stormy day and scarcely any rough weather. We landed at Liverpool June 2 and took train for quaint old Chester, where the first twenty-four hours were spent. Then on to Warwickshire, stopping at Warwick and driving therefrom to Kenilworth, Stratford-on-Avon and Lamington. The two-story trams afford us much pleasure for short trips, and you may all be sure we always ride "on top." Sunday we drove around Oxford with a most capable guide, enjoying this city of colleges hugely. All along the weather has been perfect and now, at eventide, we were rowed up the Thames for several miles. Sunday night at eleven, London was reached, and at nine the next morning a delegation of London nurses were at the hotel with a brake on which we were driven about the city, stopping at St. Paul's, Westminster, Albert Memorial, and the Houses of Parliament, where, through the great kindness of Mrs. Fenwick, we were permitted to explore both houses.

At 2 P. M. we arrived at St. Andrew's Club, where a dainty luncheon was served, the menu cards bearing the British and American flags crossed. This house is the most successful club for graduates in London—the building having been planned and erected for that purpose, and truly, the arrangement and conduct were most admirable. All our English sisters were delightfully cordial and their hospitality and kindness we shall long remember.

The same evening a very elaborate dinner was given at the Criterion for "Miss Thornton and the Nurses of the American Associated Alumnae," where we were indeed wine and fêted. The chairman for the evening was Miss Isla Stewart,

matron of St. Bartholomew's, who welcomed us cordially in the opening address. Mrs. Griffin, president of the Society of American Women in London, next responded most gracefully. Miss Thornton proposed a toast to the English nurses, which we all drank standing. Miss Hughes, of St. Thomas's, pleaded for a more thorough training—a better knowledge of the laws of sanitation, hygiene, and all that subject involves. Miss Harriet Fulmer, of Chicago, and Miss Sanborn, superintendent of St. Vincent's, New York, both spoke a few well chosen words.

During the dinner the orchestra played American airs, and after the toast to the King, one was immediately proposed to our President. One hundred nurses and their friends were at the banquet, and the memory of the bright faces, handsome gowns and sprightly music will long remain with us. Mrs. Stewart invited us to tea at St. Bartholomew's the next day, where we found delicious strawberries with the far-famed Devonshire cream awaiting us. We were most interested in this huge hospital—the oldest and one of the largest in London. Thursday morning Miss Hughes conducted us through St. Thomas's, a most magnificent up-to-date structure, where we all learned many things that will be of benefit to us in our own country. Particularly the X-ray department was most interesting. To-night we leave for Holland with hope and fear—hopes for as delightful a time—fears that never again can we be in such a country with so charming a people. Sincerely,

ONE OF THE TEN.



#### From Japan

MAIN DIVISION, MILITARY HOSPITAL,  
HIROSHIMA, JAPAN, June 6, 1904.

DEAR EDITOR: I sent you a copy of my last detailed report to the Red Cross Society of Philadelphia, and shall send the next one also. It is not ready to go yet, because my duties are heavy and my reports are to be translated into Japanese and read by one of the officers to be sure that they are quite correct. I am much pleased that they are willing to take this trouble, as it will help me greatly to get exact knowledge.

We have had such a wonderful welcome from the whole Japanese people, high and low, such as (we are informed) has never been given any foreigner before, and now the nurses are at work in the surgical wards of what is, during the war, the main military hospital of Japan, to which all the wounded are brought for care or operation as quickly as possible. Day after to-morrow we



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expect the arrival of the first 200 of the wounded from the battle of Kinchou, and then there will be some hard work. As soon as the men are able to be moved, they are sent on to other hospitals to leave this free for fresh cases. Seven thousand beds are provided in Hiroshima.

I hope this brief note will reach you in time for your August number to send this little news of us to your readers. Sincerely yours,

ANTIA NEWCOMB MCGEE.

~

### Nursing in the West

DEAR EDITOR: Will you allow me a few lines to tell something of the difference in the nursing conditions in the East and West. I came to northern California in 1902. In the place I located, there is no doctor within thirty miles. There is one army surgeon, but he is seventy-five years old, and not able to see patients outside his office. This makes it very hard for me, for I frequently have to assume the duties of both doctor and nurse. I have to go out in all kinds of weather, over mountain roads, on horseback, many times through snow three and four feet deep. I have more fracture cases than medical, and have been very successful, but am now broken down in health, and must go to southern California to regain it.

No nurse should come to this kind of a country to take up nursing unless she has had much experience, for the conditions are very different from the East, and many times she will have to depend entirely on herself, with no one near for advice or council. I studied my profession in Germany, and afterward in Philadelphia, and am thankful that I was so well prepared for the trying experiences through which I have passed. A nurse can never know too much.

Yours sincerely, C. R. LONDON.

~

### Testimonial

DEAR EDITOR: I certainly read the magazine through at least half a dozen times before I am satisfied that I have not missed a word. I enclose my year's subscription, and hope to write to you again and send others. How did I ever get along without it! The advertising is a good

feature, so well adapted to such magazine readers' requirements. WILLA P. ROMER.

~

### The Uniform and the Nurse Maid

DEAR EDITOR: I would like to ask if it is right for nurse maids to wear a uniform like that of the trained nurse? Sometimes we meet on the street, and one cannot distinguish the difference. What shall we do?

I think THE TRAINED NURSE is one of the best magazines I ever read, and its articles the best. It has been helpful in many ways in my own experience. Very truly yours,

A LINCOLN (ILL.) NURSE.

[To have the nurse's uniform assumed indiscriminately is one of the evils we must bear, for there seems to be no practical way at present to protect it. Accept our sincere thanks for your expression of appreciation of THE TRAINED NURSE.]

~

### An Interesting Case

DEAR EDITOR: The following is an account of a case of suppurative appendicitis with fecal fistula: Monday, March 21, 1904, a boy, fifteen years old, was admitted to Memorial Hospital, Morristown, N. J. Had severe pain in right side of abdomen, nausea, and constant vomiting. Consultation of doctors advised immediate operation which was performed by a prominent surgeon of Newark. Found appendix perforated and gangrenous, cecum sloughy at one point.

On his return from operating room patient was in fairly good condition. Pulse 96, respiration 22, temperature 100°. He vomited five times during first night large quantity of green fluid. Was restless with severe pain. After that got along nicely until the eighth day. Temperature went to 104°, pulse remained 60 and feeble. At the same time a large fistula was noticed. Gave stryct. gr. 1-40 every four hours. Surgeon advised irrigating wound with peroxide, followed by normal salt sol., and apply 1 per cent. carbolic dressing every four hours. Patient was kept on milk diet. At the end of four weeks temperature became normal, very little discharge from wound. At the end of six weeks patient returned home, wound entirely healed and in good condition. REPORTED BY AN UNDERGRADUATE.

(Continued on page 134)



# SUMMER SPORTS

TENNIS, GOLFING, AUTOMOBILING, FISHING. All great fun, but all necessitate a visit to the tub. Make the bath a pleasure by using HAND SAPOLIO, the only soap that removes all scurf, casts off the constantly dying outer skin, and gives the inner skin a chance to assimilate new life.

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ATHLETES, to keep in good trim, must look well to the condition of the skin. To this end, HAND SAPOLIO should be used in their daily baths. It liberates the activities of the pores, promotes healthy circulation and helps every function of the body, from the action of the muscles to the digestion of the food.

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WOULD YOU WIN PLACE? Be clean, both in and out. We can not undertake the former task—that lies with yourself—but the latter we can aid with HAND SAPOLIO. The safest soap in existence. Test it yourself.

# Book Reviews

*Obstetric and Gynecologic Nursing.* By Edward P. Davis, A.M., M.D., Professor of Obstetrics in the Jefferson Medical College and in the Philadelphia Polyclinic. 12mo volume of 402 pages, fully illustrated. Second edition, thoroughly revised. Philadelphia, New York, London. 1904. Polished buckram, \$1.75 net.

The usefulness and value of this book on nursing in obstetrics and gynecology are fully attested by the fact that a second edition has been called for. The necessity for some knowledge of natural pregnancy, and of its consequent diseases, is so well recognized that any arguments for its acquirement by the nurse seems superfluous. So, too, in relation to gynecological nursing. Here we have really a branch of surgical practise, calling for special training and instruction to meet the conditions arising. This book is eminently fitted to furnish all the information needed by the nurse in these two branches. In the second edition much new matter has been added, and the former edition has been thoroughly and carefully revised. The book is divided into two parts, and an appendix. Part I. deals with obstetric nursing, and comprises nineteen chapters, including every phase of nursing in pregnancy, labor, puerperal period, care of the new-born, accidents of pregnancy and of labor, obstetric surgery, puerperal sepsis, complications of the lying-in period, puerperal mania, infant feeding, care of prematurely born children, disorders of infancy and development of the child.

The instruction and advice given covers the field so thoroughly and in such a practical manner that nothing remains to be wished for. The forty-three illustrations used in this part of the work are plain, well placed and serve to emphasize the text.

Part II. is devoted to gynecologic nursing, and is divided into fourteen chapters. The nurse is instructed in methods and ways of examinations of patients, the use and abuse of pessaries, douches and general care of gynecologic patients. The special instructions necessary in the various operations are all given clearly and minutely, without any superabundance of words. Special chapters are given on cancer, on mental diseases complicating pelvic disorders, and on venereal or specific disease.

The appendix completes this valuable book in a most appropriate manner. It includes a diet-

ary, preparations of surgical supplies, and a description of other methods for the preparation of surgical supplies and aseptic precautions. The index is full and calculated to give a ready and easy access to the subject matter. We feel that we can repeat with emphasis the favorable comment made in our review of the former edition, namely, that every nurse should possess a copy of this book, as it is one of inestimable value.

*The Four Epochs of Woman's Life. A Study in Hygiene.* By Anna M. Galbraith, M.D., author of "Hygiene and Physical Culture for Women"; Fellow of the New York Academy of Medicine; ex-President of the Alumnae Association, Woman's Medical College of Pennsylvania; Attending Physician, Neurological Department, New York Orthopedic Hospital and Dispensary. With an introductory note by John H. Musser, M.D., Professor of Clinical Medicine, University of Pennsylvania. Second edition, revised and enlarged.

This is a 12mo volume of 235 pages, presenting to the laity those truths of which every woman should have a thorough knowledge. The subject is a difficult one to handle, but it will be readily admitted that the author has done the work with tact and dignity, without exhibiting any prudishness or feigned modesty. The introduction comprises a treatise on education as a controlling factor in the physical life of women. The mutual relation of mind and body; age for going to school; the effects of the study of the scientific branches and industrial education are well treated in this chapter.

The book is divided into four parts or epochs: I. Maidenhood. II. Marriage. III. Maternity. IV. The Menopause.

In part first sexual development; puberty; anatomy and physiology of female generative organs; anomalies of menstruation, and the various questions of hygiene, dress, mode of living, etc., etc., are all described in plain and concise language. A separate chapter is devoted to the question of marriage. In Part II. the many ethical and physical questions involved in married life are presented in a form most healthful and instructive. Part III., or Maternity, is divided into four chapters, viz., Pregnancy, Confinement, The Lying-In, The New-Born Infant. This chapter covers the questions included under

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the above headings in a most practical and useful manner. In Part IV, *The Menopause*, there is much medical information which, in a book intended solely for the laity, is apt to excite unfounded fear and unnecessary alarm among its readers. The cases cited by the author to emphasize the possibility of cancer in hemorrhages at the menopause are poorly chosen. For instance, in Case I. there is no connection between the occurrence of hemorrhage at the age of 68 years and a menopause which evidently was physiological at the age of 50 years, with no hemorrhage or symptoms between the two dates. In Case II., a woman aged 53, who had never had any cessation of the menstrual flow, could scarcely be expected to suspect cancer rather than change of life, and we are inclined to believe that it was the pain and loss of weight rather than the hemorrhage which caused her to seek medical aid. The supposition that a previous tear of the cervix was the cause of the cancer can hardly be supported by the present state of our knowledge on the cause of cancer. We make these criticisms on account of the tendency lately in many quarters to excite undue fear and dread of cancer at the menopause age. Such measures injure rather than assist the possibilities of an early diagnosis in genuine cases of cancer. The chapters on hygiene of the menopause and on hints for home treatment of slight conditions are timely. A useful glossary concludes the book. Price \$1.50.

*Gynecological Nursing.* By Netta Stewart, Sister in the Extra-Mural Gynecological Wards of the Royal Infirmary, Edinburgh.

This is a volume of 175—xii pages giving the result of the experience of ten years as head nurse in the Extra-Mural Gynecological Wards of the Royal Infirmary, Edinburgh. The fact that this nursing was done under the guidance of such eminent authorities as Sir Halliday Croom, Dr. Barbour, and Dr. Berry Hart, stamps the nursing practise set forth in these pages as representative of the best in that line. Beginning with a practical talk to nurses as to the manner of preparing a patient for a gynecological examination, and the importance which attention to the condition of the bowels and bladder bears in such examinations, the author takes up the various positions of the patient used in such examinations, and describes the manner of preparing the patient for each. In this instruc-

tion we miss any reference to the necessity for loosening all bands about the waist, a very important point in such examinations. Another omission worthy of note is the failure to mention the use of rubber gloves in any of the gynecological or surgical operations described. The use of terms strictly foreign to Americans is somewhat confusing. The statement that "no young girl or unmarried woman is examined by inspection of the external genitals or by the vaginal method unless under an anesthetic" sounds queer. There appears to be a tendency to too much meddling after operations, and many of these procedures strike us as necessarily very painful. For instance, after the use of the vaginal douche following operations for the repair of the perineum, the vaginal walls are wiped dry by "a thin strip of cotton wool wound around the index finger of the right hand, inserted as far as it will go." Vaginal gauze packing, tampons, and dressings are inserted and removed without the use of instruments. Chapter IV. gives a good account of the value of cantharides blister, and the method of applying the same. In the chapter on the use of the catheter, the writer says: "The present day method of passing the catheter differs essentially from that employed for so many years. In hospital as in private cases, it was the custom to press the catheter 'by the touch,' the passing 'by sight' being adopted only in difficult cases. . . . a nurse . . . should never offend a patient, and never cause unnecessary exposure; but when the question resolves itself, as it does here, into cystitis or no cystitis, there should be but little hesitation on the part of any nurse as to what course she should take. The catheter should always be passed 'by sight.'" In the after care of perineorrhaphy cases the bowels are allowed to remain constipated for a week. More attention to this and less interference with the perineum and vagina would correspond more closely with the teachings of our schools. However, that is a question of gynecological practise rather than nursing, and the advice given as to the method of following that line of treatment is excellent. The chapter on gonorrhea is especially good; and the part of the volume devoted to the cure of abdominal section gives a very comprehensive and clear description of the best methods now in use in those cases. Here and there throughout the volume is a touch of prudishness which might, without loss, be omitted from books of this nature.

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# The Hospital Review

In the will of the late Josiah H. Clarke, which was filed for probate June 4, are the following public bequests: to the Worcester Society of District Nurses, \$5,000; to the Temporary Home and Day Nursery, \$3,000; to a hospital for incurables in Worcester or to any organization which has in view the establishment of such a hospital, \$5,000.

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As a result of the Grand Jury's inspection of the City Hospital, Jersey City's Board of Health has had a conference with Mayor Fagan, and in a few days specifications will be prepared for a new \$200,000 building.

The Grand Jury found the hospital unsanitary, and it was the unanimous opinion of that body that it is unfit for the habitation of patients. The roof is defective, and in rainy weather patients have to be removed to lower floors. A new hospital has long been needed.

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The laying of the corner stone of the new hospital now building at One Hundred and Tenth Street, New York city, for the Woman's Hospital in the State of New York, took place May 17, at 4.30 o'clock, with appropriate and interesting ceremonies.

~

A six story fireproof annex is to be added to St. Vincent's Hospital, at the northeast corner of Seventh Avenue and West Eleventh Street, New York city. It will be the west wing of the hospital. It will adjoin the new main building in Eleventh Street and will have a frontage of 90 feet and a depth of 94 feet with a façade of brick and stone harmonizing with the main building. It is to have a solarium in the sixth story and quarters for the Sisters of St. Vincent de Paul in the fifth floor. The building will have a veranda at each of the six floors. The cost of the annex is estimated at \$250,000.

~

Preparatory to abandoning its present site at the southeast corner of Park Avenue and Forty-first Street, New York city, the Manhattan Eye and Ear Hospital has bought a large plot on Sixty-third and Sixty-fourth Streets, just east of Third Avenue. The purchase was made possible very largely through E. R. Thomas's recent

gift of \$40,000 to the institution as a memorial to his father, the late Gen. Samuel Thomas.

~

In one of the quietest parts of Richmond, Va., among mansions of older and more aristocratic days, near the Confederate President's home and the homes of many other celebrities, stands a large and handsome old residence, with "Sheltering Arms Free Hospital" broadly inscribed over its portal. This is the only free hospital in the city, as well as in the State, and to those who have loved the cause of suffering, poor humanity, and who have toiled and prayed for it, this is a spot bright with hopes fulfilled, and beckoning to the reward of continued labor in the future.

Passing through the portico, we enter a wide and lofty hall, running clear to double porches in the rear, from whence is a view, not only of grassy lawn, but miles of country outside the city limits, where fresh air has uninterrupted sweep.

The rooms are large and airy, none containing more than four cots, for every effort is made to make the place home-like and cheery. There is an operating room, with all the necessary appliances, and a ward for men in the third story.

The house is unencumbered and cost \$12,750, and one single room is endowed. Two cots are supported by the efforts of two Circles of The King's Daughters. Nearly all the cots have been furnished by The King's Daughters, and monthly contributions from country outside the city are of great assistance in keeping up the work. There is a board of lady managers, of which Mrs. Joshua Peterkin is president. Patients are received from all parts of Virginia, and all the physicians of Richmond kindly practise at the Sheltering Arms without any remuneration but the thanks of the grateful patients. Although the house is substantial and paid for, there is no adequate endowment for its support. There is room for twenty patients, but only seventeen can be provided for. A popular subscription in the city amounted to about \$6,000 (six thousand dollars), and a number of legacies have been left to the hospital, but a large proportion of this money was used to pay for the house. For current expenses the institution is almost entirely dependent upon a generous public that contributes annually only just enough to keep the house open.



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Among many to whom we have permission to refer are: Dr. Simon Baruch and Dr. Wm. H. Thomson of New York; Dr. R. H. Babcock and Dr. Clarke Gapen of Chicago; Dr. Alfred Abrams of San Francisco.

We shall be glad to send our manual on request.

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HOUSE

WHEN a man builds a house he takes care to first prepare a firm foundation.

When a physician begins the treatment of an anæmic or chlorotic patient, he must first consider the "building of the blood," the fountain and foundation of healthy life.

## Pepto-Mangan ("Gude")

Supplies the necessary oxygen and haemoglobin-carrying elements and thus successfully builds from the foundation upwards in cases of

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Captain Babcock, Mr. John Pope, Major Lewis Ginter, Mrs. T. C. Williams, Mr. E. A. Saunders, Mr. Moses Milhiser, Mr. Abram Levy and Mr. Robert S. Boshier, of this city; Mrs. Waller, of Williamsburg, and Mr. Farish, of Culpeper County, all remembered The Sheltering Arms in their wills. Mr. E. B. Addison and Mrs. Russell Robinson have contributed liberally to the endowment fund, which will amount to about \$19,000 (nineteen thousand dollars). For a more modern heating apparatus and improvements to the basement floor, a large outlay of money will be necessary—and an unknown friend made a very generous contribution "towards some needed improvement."

This hospital is non-sectarian, and free to all respectable white persons from all parts of the State of Virginia, not incurables, and having no contagious disease.

As seen by the reports for the year 1903, 118 patients were treated and 4,100 days of treatment given. The expenditure was \$4,293.69, besides several hundred dollars' worth of groceries, which were furnished by friends of the institution. Where everything is provided free—shelter, food, stimulants, trained nursing, medicine, surgical supplies and often clothing—it will be seen that the funds are managed with economy and care.



**What is said** to be the largest electro-magnet in the world, designed and built especially for Dr. F. M. Wilson, of Bridgeport, Conn., to aid him in performing difficult operations which will save the sight of many machinists and workers on iron and steel, has been set up in the X-ray room of the Bridgeport Hospital and is ready for use. The magnet is a remarkable and wonderful piece of work, and many with a scientific education, who are used to all of the unusual things which science can accomplish, have marveled at the things which can be done with the magnet, and at the exceeding effectiveness of its performances.

To those interested in electricity it is well worth a visit to the hospital to see this phenomenon.



**By the gift** of Anna T. Jeanes, who has spent \$200,000 in erecting a Home for Indigent Quakeresses in Germantown, Pa., the Germantown Hospital becomes the owner of a handsome residence in Locust Avenue, near Chew Street. The gift is absolute. The house will not be used for hospital purposes, but will be rented or sold, and the revenue devoted to the interests of the hospital.

The residence is on a plot covering an area 300

by 322 feet, extending to Woodbine Avenue, and was purchased by the donor three years ago for \$35,000.

Ground has been broken for the erection of a laboratory adjoining the hospital, at a cost of \$2,500. It is the gift of Mrs. John D. McIlhenny, of Germantown, in memory of her infant daughter, Frances Plumer McIlhenny, who died last winter. It will be a one-story brick building, and will be used for pathological and bacteriological research, Dr. Robert L. Pittfield, of the hospital staff, will be its director.

The new pay patient building, erected at the cost of \$100,000, raised by popular subscription, will be ready for the reception of patients in the latter part of July. It is a three-story fireproof building, with every modern equipment. It contains twenty-five private rooms, and will have its own separate operating room.



**The new** custodial building of the Northern Hospital for the Insane, Redfield, S. D., was formally opened July 1 by a reception given by Superintendent and Mrs. Kutnewsky. The building is large and conveniently arranged, and cost \$45,000. It will accommodate 120 patients, and will relieve the crowded condition of the main building. Only feeble minded patients are received at this institution, and sleeping quarters for all children will be in the custodial building. School will be maintained in the main building. Hereafter epileptics and all classes of feeble minded will be treated at this asylum.



**The County** Board of Supervisors, Racine, Wis., has awarded contracts for the erection of the new Racine County Insane Asylum in place of the one destroyed by fire last February.



**The contract** for erecting the nurses' building at the Jewish Hospital on Highland Avenue with money recently donated by Joseph Josephs, wealthy iron merchant, has been awarded to the M. Marcus Building Company and work begins this week. It will be 35 by 67 feet and three stories high.

Plans are also being prepared for a one-story surgical building donated by Julius Freiberg, and a three-story children's pavilion to be erected by subscriptions.



**The foundation** is now being built for the addition to the St. Joseph's Hospital, Deadwood,

FOR ENTERO-COLITIS  
FOR ERYSIPELAS  
FOR FELONS  
FOR INFLAMED GLANDS  
FOR PLEURISY  
FOR PNEUMONIA  
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**NEW YORK**

S. D., for which Mullen & Munn have been awarded the contract. The building will put the institution in shape to handle the steadily growing patronage. The addition is being erected on the north side of the present building and will be built with all the modern improvements. When it is

finished the institution will be one of the best equipped hospitals in the West.

&

Plans are nearly completed for the new Englewood (Ill.) Union Hospital, and work on the building will be started this month.

## Letter Box—Continued

(Too late for regular classification)

### From China

DEAR EDITOR: I know you will be somewhat surprised to get a letter from this quarter of the globe, but the peculiar circumstances prompt me to write you a short history of one of your most worthy subscribers. In the late summer of 1903, Miss Flora Alderman, of Wartrace, Tenn., a graduate of the Nashville City Hospital of the class of 1902, was appointed as a missionary by the Executive Committee of Foreign Missions of the Presbyterian Church in the United States, with headquarters in Nashville, Tenn., and assigned to the Elizabeth Blake Hospital located in Soochow, China. She arrived in Soochow, January 1, 1904. As soon as she could get her apartments arranged, she began the study of the language in the morning and visiting the general wards from time to time. I assigned her to special duty in the Woman's Hospital. In less than two months she had not only won the love of the pupil nurses in the training school, but also obtained the respect and confidence of the male students in the medical school and had shown such executive qualities, Christian graces and love for the natives that she enjoyed the confidence and love of all her missionary co-workers. Her constant hope and desire was for a long life of service in her chosen field. Her happiness and joy in her work was an inspiration to us all. The loss sustained by our hospital in her death is beyond estimation. She was taken sick early in May with a malarial chill, followed by high fever of a remittent type. In spite of all efforts, this fever continued for two weeks, when it somewhat subsided and we were all in great hopes of her recovery, when severe bowel complications set in, which failed to respond to any form of treatment. On May 22, about 1.30 A. M., she passed away.

Her life among us, though it lasted only about four months, proved beyond all doubt what a trained nurse can accomplish here if she loves her work, her Master and these poor helpless people.

The custom here is for servants or hired men to carry the body to the grave, but when it was Miss Flora Alderman to be carried, every medical student in the school and the native pastor came forward and claimed the privilege. They requested that none should take part in this work except those who had known and appreciated her. Our little church of poor natives and medical students have raised, by subscription, money to erect in memory of her an iron column, the top of which will support a lamp. They will also attach to the column a copper plate, on which will be engraved their sentiments, their idea being that she was a shining light, an example of the true light shining out through a beautiful Christian character. She has laid down her work here and gone to a higher sphere of usefulness.

Have we not in our whole Southern Church some noble Christian nurse who is ready to answer this loud call to come and take up the work our lamented friend and co-laborer has been so suddenly called upon to leave? We need a brave young woman, of about twenty-five to twenty-eight years of age, who loves her work. Our hospital is large enough to accommodate about seventy patients; in fact, we have seventy beds in place and comfortable foreign quarters for nurse, and unlimited opportunities for usefulness.

Should any one seeing this be moved to come and take up this work, let her send her application for appointment with references (or write for further information) to Rev. S. H. Chester, D.D., Chamber of Commerce Building, Nashville, Tenn.

Thanking you for allowing me so much space in your valuable paper and hoping that the article on Chinese medicines and practise which Miss Alderman was preparing for you reached you safely, I am, most sincerely, a friend of trained nurses,

J. R. WILKINSON, M.D.,  
Supt. Elizabeth Blake Hospital,  
Soochow, China.

The best substitute for, or adjuvant to, the MOTHER'S MILK

## THE "ALLENBURYS" FOODS



### MILK FOOD "No. 1"

For infants from birth to three months of age.

### MILK FOOD "No. 2"

For infants between the ages of three and six months.

### MALTED FOOD "No. 3"

For children of six months and upwards.

## The "Allenburys" Milk Food No. 1

is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast without fear of upsetting the young infant.

The "Series" is so arranged that each "Food" affords the maximum amount of nourishment which, at the period for which it is intended, the organs of the child can with perfect ease digest.

Evidence of the great value of our system of infant feeding is constantly accumulating through letters received from nearly all parts of the world, not only from parents, but also from prominent members of the medical profession, telling of the very gratifying results attending their use of the "Allenburys" Foods, often in cases apparently hopeless, and after many other artificial foods and modified milk had been tried.

SAMPLES SENT ON REQUEST

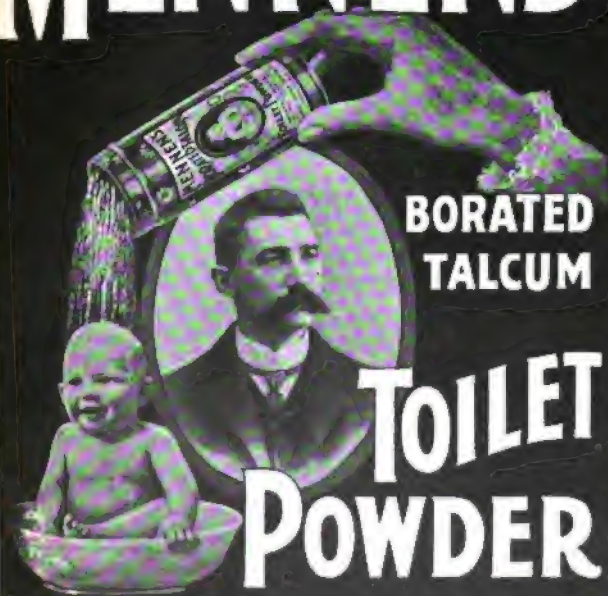
## THE ALLEN & HANBURY'S CO. LIMITED

Toronto, Can.

London, Eng.

Niagara Falls, N.Y.

# MENNEN'S



BORATED  
TALCUM

# TOILET POWDER

## Delightful After Bathing: A Luxury After Shaving

A positive relief for Prickly Heat, Chafing and Sunburn, and all Afflictions of the Skin. Removes All Odor of Perspiration.

GET MENNEN'S—the only genuine with a National reputation as a perfect Toilet Requisite. "A little higher in price but a reason for it." The inventor's portrait on box cover is a guarantee of absolute purity.

Approved by the Medical Profession and Trained Nurses for the use of Infants and Adults. Refuse all other Powders which are liable to do harm. Avoid harmful imitations.

Sold everywhere, or mailed for 25 Cents. (Sample free.)

**GERHARD MENNEN  
CHEMICAL CO.** NEWARK  
N. J.

# New Remedies and Appliances

## Progress of a Great Social Institution

In the United States the number of women in business has more than quadrupled during the last ten years. There are many women to-day who are bread-winners and providers for whole families. To such women life insurance is almost a necessity, as it is the only means by which they can not only provide for their dependents in case of death, but also for their own future when maturer years come. More and more women are constantly seeking the benefits of life insurance, and under certain conditions they are in every way good subjects. The Penn Mutual Life Insurance Company regards insurance on the lives of women as desirable as upon male risks. It now has upon its books upward of eight thousand women in the various professions and trades, who carry more than \$12,000,000 of insurance upon their lives, and it has appealed to women particularly as being the first institution to insure them on the same terms as men.

## Testimony to True Merit

I consider Sanmetto a wonderful remedy and almost a specific in all inflammatory diseases of kidney and bladder.—W. P. HOUGH, M.D., Columbia, La.

## Saving Expense

As a rule, nurses are not so overburdened with unnecessary money that they are unwilling to consider the saving of expense. The purchase of a special shoe for the sickroom is an error of judgment because a pair of O'Sullivan Rubber Heels will make any shoe a hospital shoe.

They can be attached while you wait at the nearest cobbler's, and the price (50c. a pair put on) is the same charged for inferior kinds that give the maker and dealer more profit.

They are so serviceable that they always outlast the shoes and their silent tread is no more gratifying to the patient than their elastic tread is to the nurse.

## Poor Blood

There are many complaints, such as scrofula, eruptions of various kinds, tumors, ulcers, car-

buncles, etc., whose existence is due to impaired or faulty nutrition, or an impoverished condition of the blood. Horsford's Acid Phosphate should be regularly taken in such disorders. The phosphatic treatment is considered by the highest authorities to be the safest and most reliable.

## Pepto-Mangan (Gude)

CASE I.—A female child of eight years gave a history of typhoid fever eight months prior to my visit. According to the mother's statement, the child had made a quick and good recovery, gaining rapidly in weight and exhibiting the energy of her former life. Six months later she became irritable and pale, with pain in her arms and legs, which condition was soon followed by gastric disorders and irregular spasms of the muscles of the face. Simple anemia was in evidence from objective and subjective symptoms alone, but was unquestioned in the light of the results obtained from blood examination—the red blood element being present to the extent of barely 3,000,000 red corpuscles per c. m.

This case was treated with two teaspoonfuls of Pepto-Mangan (Gude) and two drops of Fowler's solution, three times a day. After gastric symptoms had abated somewhat, two raw eggs per day were added to the diet. The patient was discharged in five weeks, completely recovered.—R. W. MILLER, M.D.


## About Toilet Powder

With a toilet powder, as with almost everything else, it is essential to be sure that you get an article of real merit.

Highly scented powders are dangerous and often do permanent injury to a delicate skin.

Mennen's Toilet Powder is a trade-marked article, which has for years been recognized by physicians as the best preparation made. The absolute purity of its ingredients and the exercise of the greatest care and skill in its manufacture have given the product of the Mennen Company a quality of uniform excellence. That is why your physician recommends it.

For your protection, Mennen's face, the trade-mark of the Mennen Company, is on the cover



**DO YOU  
USE**

**RECORD  
BOOKS  
and BLANKS?**

**VAN RIPER'S**  
are the best published

**Endorsed by all the  
leading Nurses in the U. S.**

Also Clinical Charts, Receipt Blanks,  
History Sheets, Operation Blanks, Bed-  
side Notes, Temperature Charts, etc.

Samples and Price Lists furnished free  
upon application. Estimates promptly  
furnished on Special Blanks of any kind

**CHARLES A. LAWES CO.**  
(Successors to Belden & Co.)  
302 Dearborn Street, Chicago, Ill.

**Hospital Bedsteads  
AND  
Bedside Tables**

MANUFACTURED BY

**THE  
HARTFORD BEDSTEAD CO.**

SUCCESSORS TO  
The Hartford Woven Wire Mattress Co.

**CATALOGUE MAILED AND  
PRICES QUOTED ON  
APPLICATION**

**P. O. BOX 363  
HARTFORD, CONN.**

# The New. Rubber Muscle



The gaining and retaining of strength is just as important to the nurse as it is to her patient. Strength saved is as good as strength acquired.

Putting on O'Sullivan Rubber Heels, so far as the end in view is concerned, is like training in a gymnasium—to acquire muscle to prevent the loss of energy.

Put this theory into practice and—prove it.

Attached by all dealers for 50c. pair, or sent by mail for 35c. pair.

O'SULLIVAN RUBBER CO., LOWELL, MASS.

## The Nurse's Comfort

**The Glow Night Lamp**—All Glass—Lights Bedroom, Dressing Room, Nursery or Staircase at almost no cost. Invaluable for Sickroom. Vaporizes Kerosene Oil, Absolutely Odorless, Smokeless and Non-explosive. At dealers everywhere for 25c. or by mail to any part of the United States for 40c. There should be at least one in every home. Write to-day for Free Booklet.

**The Glow Night Lamp Co., Inc.**  
73 Pearl Street, BOSTON MASS.



of every box of the genuine. It will be worth your while to look for this trade-mark.

✧

#### Tyree's Antiseptic Compound

This is a powder which combines strong antiseptic powers with an exceptionally agreeable odor. It is composed of borate of sodium, albumen, carbolic acid and glycerine, together with the crystalized principles of thyme, eucalyptus, gaultheria and mentha. It is used (in the proportion of a heaped teaspoonful to a pint of warm water) for local application to wounds and sores, for cleansing discharging mucous membranes and for disinfecting the upper air passages in catarrhal states. Although it has this very wide sphere of usefulness, it has been found to have an almost specific influence upon morbid conditions of the genito-urinary tracts. Gonorrhea, leucorrhea and pruritis due to irritating discharges in women speedily yield to it, and as being practically non-poisonous, it has great advantages over those substances similarly used, which, though of acknowledged efficacy, are nevertheless by no means free from danger.—Reprinted from *Chrystie's Monthly*, London, England.

✧

#### Unguentine

This ointment was originated a century ago by England's famous surgeon, Sir Astley Cooper. He recognized the inestimable healing properties of alum, and sought to eliminate the irritative qualities which restricted its use. In this he was but partially successful. The result, however, was Cooper's Alum Ointment, to the use of which he attributed much of his success. His original formula has been modified in accord with the requirements of modern surgery. Petrolatum has been substituted for lard, thus insuring permanence in all climes and under all conditions; Ichthyol and Lord Lister's sheet-anchor, Carbolic Acid, added for their well-known antiseptic and cicatrizing powers. Cooper's central idea—non-irritating alum—has been retained and made perfect.

✧

#### Glyco-Thymoline

Sir Astley Cooper said, in beginning a lecture, "Irritation is the foundation of surgical science." "Bilroth's Path.," p. 54. The plastic infiltration which marks the first step in the healing of any wound is necessarily retarded by the application of an antiseptic of an acid or astringent nature, which coagulates the plasma of the blood. By their use nature is thwarted in her efforts to repair the damage.

"An alkaline solution (Glyco-Thymoline), on the other hand, maintains the fibrin in a soluble form, preparing an easy way for and to protect the capillaries and other blood vessels, thereby sustaining and fostering cell growth, resulting in the rapid formation of healthy granulation."

✧

#### Nurses at the Fair, Notice

LADIES: We beg to advise you that our exhibit of Nurses' Record Books and Blanks at the St. Louis World's Fair is located in the Temple of Fraternity (near the Ferris Wheel), under the direction of Lewis S. Matthews & Co., assisted by Dr. W. F. Collfas, who is the resident physician of the building in which the exhibit is located.

—CHARLES A. LAWES.

(See advertisement in this issue.)

✧

#### Convulsions

Daniel's Conct. Tinct. Passiflora Incarnata relieves convulsions and gives complete rest to the patient. This remedy controls the nerve centres and relaxes whatever tension may be there exhibited. It also gives an impulse to natural heart-action and leaves no depression to be overcome after the effects are over. Dr. Tucker tells of a case of convulsions in a girl eleven years of age. When called in, the attending physician was giving a treatment which was only partially effective. "I had tried Passiflora several times in similar cases," he says, "and suggested that it be tried in this case. He was perfectly willing, so we began giving in teaspoonful doses. The convulsions ceased, and the girl, after a while, fell into a sound sleep. When she awoke, the improvement in her condition was at once apparent. The nerves were in a normal condition and she felt 'well again.' Passiflora has no competitor in cases of this kind."

✧

#### "Finish"

The Hartford Bedstead Company will give you the best finish possible on all hospital and institution bedsteads. Each coat of enamel is baked on, which gives a very hard, smooth and glossy finish. While it is hard, it is tough and not brittle as many of the enamels used on hospital and institution bedsteads.

Notice our advertisement and write us.

✧

#### Alcohol Free of Tax for Hospitals

Under the old ruling of the Government, Alcohol, pure and simple, could not be used for bathing patients. Many hospitals, upon inquiring as to whether they could put the Alcohol to





## The Appalling Infant Mortality

of the summer months is largely due to the dangerous quality of milk furnished most communities and particularly the larger cities. [A Baltimore hospital recently examined the milk supplied to it and found an average bacterial content of over four million to the c. c. The New York Board of Health found many samples that ran over ten million; these are but instances. Most peddled milk is absolutely dangerous during the summer months and is a leading cause of the high mortality in children. In many cities there are three deaths from Cholera-Infantum to one of Tuberculosis.

## Protect the Infant Industry BY GUARDING AGAINST IMPURE MILK

### Highland Brand Evaporated Cream

is absolutely pure, germ free, always fresh. It is the simplest, yet the most complete, substitute food for infants and invalids. Always ready. Just dilute with water q. s. and give to baby.

*Trial quantity free to nurses.*

**HELVETIA MILK CONDENSING CO.**  
HIGHLAND, ILL.



MBG

this use, receiving an answer in the negative, and the compounding of pharmaceutical preparations allowed by the statutes has remained a vexed question for many a hospital official.

The problem has, however, been solved beyond a question for all concerned by the Government, and under certain conditions Alcohol can now be used for the bathing of patients, and can also be used in surgical operations.

F. O. Boyd & Co., 21 Warren Street, New York, will furnish free of charge, to any one interested in this question, the full details connected with this new regulation, as also anything concerning the obtaining of Alcohol free of tax.



#### Earache

For earache in an adult, give two five-grain antikamnia tablets to subdue the pain and repeat the dose in two or three hours if necessary. As an aid to prompt relief, poultice the ear with linseed meal, the heat being grateful and soothing, while a few drops of warm sweet oil and laudanum, equal parts dropped into the ear, may suffice. Cotton should be inserted after the drops have been placed in the ear, and the patient should lie on the opposite side for a time.



#### Enterocolitis and Cholera Infantum

Cleanse the intestinal tract with calomel and a saline or with castor oil. Prescribe a suitable diet, easily digested and non-irritating. Irrigate the rectum and colon at suitable intervals with normal salt solution or some mild antiseptic, using for the purpose a soft rubber catheter or colon tube.

Instead of opiates, which lock up the secretions and thereby favor auto-intoxication, relieve the muscular rigidity and the excruciating pain, which is such a drain upon the vital forces, by the use of Antiphlogistine as hot as can be borne to the entire abdominal walls and covered with absorbent cotton and compress. If the patient is not too far gone, the effect will be astonishing. The little sufferer, who until now has been tossing in agony and restlessness, with drawn features, will in most cases quickly become quiet; the drawn look will leave the face and a restful slumber will often supervene and start him upon the road to recovery.



#### Try It and See !

Trained nurses, physicians, lawyers and members of other learned professions are frequently

prevented from obtaining regular meals, and besides the nervous strain incident to constant brain work often makes sleep impossible for long hours. Under these circumstances a glass of Horlick's Malted Milk will be found an excellent emergency luncheon, satisfying and invigorating, while remembered upon retiring and taken hot, it is a favorite resource with many against the enervating effects of insomnia.



#### Adrenalin

The most conspicuous symptoms of hay fever are a burning and itching sensation in the nasal region and between the eyes; violent paroxysms of sneezing; a copious discharge of serum and liquid mucus from the nasal passages; profuse lachrimation; now and then, febrile manifestations; frontal headache; and in not a few cases, some asthma.

A glance at the list of symptoms and a brief consideration of the pathology of hay fever lead to the immediate conclusion that the chief indications are to check the discharge, allay the irritation that gives rise to the paroxysms of sneezing, reduce the turgescence of the nasal mucosa and relieve the stenosis. The only single remedy that meets these indications is Adrenalin as represented in Solution Adrenalin Chloride and Adrenalin Inhalant. Parke, Davis & Co., who market Solution Adrenalin Chloride and Adrenalin Inhalant, have prepared a very complete treatise on the topic, which contains more information than is to be found in the average text-book. They will cheerfully mail a copy of the booklet to any physician or nurse applying for it.



#### Listerine

The ancestral foundation of all the liquid antiseptics before the medical profession is Listerine; happy in name, happy in formula, and happy in time of birth. It has been, is, and ever will be, first and foremost in this field. The Lambert Pharmacal Company is to be congratulated on its success.—An editorial footnote from the December (1903) *Alkaloidal Clinic*.



#### Cholera Infantum

"I have many such cases in which Peptenzyme has worked in the same way in stopping vomiting and purging. I have so much confidence in the preparation that when I see a child in this stage, I tell the parents that after one or two doses of this preparation the vomiting will cease. So far I

# Nausea of Anaesthesia



The experience of prominent surgeons and anæsthetists has proven that THE NAUSEA OF CHLOROFORM OR ETHER ANÆSTHESIA can be obviated by the administration of



## BURNHAM'S CLAM BOUILLON

(Absolutely Free from Any Preservative)

in quantities of 2 to 5 oz. of the dilution given one or two hours prior to operative interference. EQUALLY BENEFICIAL is this product in the Vomiting of Pregnancy, the early morning nausea of Chronic Gastritis, and the Gastric Irritability of Tuberculosis and the Febrile Diseases.

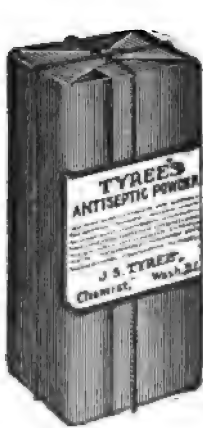
BURNHAM'S CLAM BOUILLON is a superior food for convalescents, in both medical and surgical cases. It is readily assimilated, and, combining high nutritive value with phosphates in organic form, makes an ideal tissue building and tonic diet. It is a most valuable nutrient enema.

This product is unlike any other liquid food in that when prepared it presents an appetizing appearance and a tempting aroma, and is agreeable and soothing to the stomach. It offers a decided change from the ordinary delicacies of the sickroom, and is enthusiastically welcomed by the patient.

A feature of superlative importance that will undoubtedly recommend BURNHAM'S CLAM BOUILLON to the most favorable consideration of the profession is the thorough sterilization of the product and its container, and the subsequent re-sterilization of the latter. BURNHAM'S CLAM BOUILLON is presented in glass bottles of pints and half pints, assuring not only cleanliness and convenience, but perfect purity and freshness while serving in the sickroom. For sale by all leading apothecaries and grocers.

**E. S. BURNHAM CO.,** 53 to 61 Gansevoort Street, New York

Manufacturers and Packers



# TYREE'S POWDER

FOR

## SUMMER HYGIENE

**T**YREE'S Antiseptic Powder is now accepted even by skeptical physicians as a remedy to be depended upon. It was first used ten years ago by a few Washington physicians for diseased conditions of the genital tract. Now it is being used practically all over the world by the leading hospitals, physicians and dentists as a standard prescription to regulate diseased conditions of the mucous membrane whether due to external or internal cause, and to keep it in a healthy

condition attending a season when Prickly Heat, Poison Oak, Eczema, Hydrosis, Lupus Vulgaris, Decubitus, Dysentery, annoying Pruritus, Vaginitis, Leucorrhœa, Nasal Catarrh, Sore Throat, Ulcers. Wounds and kindred diseases are most prevalent. Its application is extremely simple and harmless even to children. The price is very economical. A sample, with the following valuable reprints, sent to physicians free of charge:—

**J. S. TYREE, Chemist, Washington, D. C.**

Some Obstetrical and Gynecological Treasures of the Army Medical Museum.

A Report on the Antiseptic Treatment of Surgical Cases at an Emergency Hospital Clinic.

Rational Treatment of Cholera Infantum and Kindred Diseases.

Clinical Lines on Prickly Heat and Kindred Affections of the Skin.

Treatment of Acute and Ordinary Decubitus. Dental Antiseptics, etc.

have yet to hear of my first failure with Peptenzyme." ————— M.D., New York.

&

**Pinus Canadensis**

When an internal mucous astringent is indicated, in such cases as cholera infantum, etc., Kennedy's dark Pinus Canadensis should be given in an alkaline medium.

&

**Local Anesthesia**

The suggestion of Barker that eucaïn be substituted for cocain seems to have brought infiltration anesthesia almost to the high-water mark and has been followed out in Philadelphia by various surgeons with great satisfaction. The plan is readily carried out as follows: Powders are kept in stock in the operating room containing 0.02 grm. (3 grains) of Beta-eucaïn and 0.8 grm. (12 grains) of pure sodium chloride. At the time of the operation one such powder is dissolved in 100 cc. of boiling distilled water, and when it is cooled sufficiently 1 cc. of adrenalin chloride solution (1-1000) is added; 100 cc. of the resulting liquid contain 3 grains of Beta-eucaïn and 0.015 grains of adrenalin chloride. The whole 100 cc. may be used at one infiltration anesthesia, but according to Barker from 50 to 60 cc. usually suffices, even in such considerable operations as for the cure of hernia, castration. The surgeon should always employ the platinum needle with an iridium point, which can, without injury, be disinfected in the flame of an alcohol lamp immediately before use.—Excerpted from the *Therapeutic Review*, Philadelphia, February, 1904.

&

**Ergoapiol (Smith)**

Mrs. A. P. L., aged 35. This lady suffered with frequent attacks of headache, had backaches nearly all the time, and suffered greatly with vertigo. She was the mother of three children, the youngest being six years old. For the past four years she had constantly had scanty menstruation and the blood was very pale. She rarely had the menstrual flow to continue longer than fifteen hours. I was satisfied that the vertigo and all her distress was due to insufficient menstrual flow, and I accordingly put her on Ergoapiol (Smith). She took it through the month, one capsule after each meal; but for a week before the expected period she took two capsules instead of one. She was greatly pleased this time to have a full and free menstruation. Acting on my advice, she took the capsules three times daily for two months, and this acted in a happy manner,

and she has now passed an entire year and has not failed to menstruate freely.

E. C. WILLEY, M.D.

&

**Plain, Simple Furniture**

Our patrons will agree with us when we say that education and experience have taught us that the plainer and simpler the furniture of a room, the neater and more satisfactory the effect.

Great credit is due the managers of the new Corey Hill Hospital, located in Brookline, Mass., in the selection of the furnishings. The officers' rooms, rooms for patients, the nurses' quarters, dining rooms and kitchen all show the same quiet, plain designs of furniture, so restful, yet substantial.

The manufacturers in following the suggestions and ideas of the committee in charge of the furnishings, have succeeded in producing a pleasing effect and a most satisfactory result.

Among the advertisers in this issue is the firm of William Leavens & Co., No. 32 Canal Street, Boston, which has on its list of successful contracts that of the Corey Hill Hospital, of Brookline, Mass.

&

**For the Warm Weather**

Lister's Towels take the precedence as a sanitary pad for women. Their great power to diffuse and absorb makes it unnecessary to use a large pad, therefore Lister's Towels are the coolest, most comfortable sanitary pad on the market. See advertisement on another page of this issue.

&

**The Glogau Stove**

Every nurse should carry an Alcohol Stove in her outfit for emergencies. The Glogau Alcohol Gas Stove produces the most heat with the smallest consumption of fuel, burning only two cents' worth of wood alcohol an hour. There are no wicks to change. It is smokeless, odorless and cannot explode. It weighs eight ounces, but will hold one hundred pounds and boil a quart of water in nine minutes. See advertisement in this issue.

&

**Man-a-cca Water**

Man-a-cca Water is the best remedy for indigestion. It is a pure natural spring water, pleasant to taste and marvelous in its action. Suitable for all diseases of the alimentary tract from indigestion to dysentery. A half gallon bottle given free to every nurse calling at our office. See advertisement in this issue.

# Special Midsummer Sale

FOR THE

## Month of August Only



812

### COLORED UNIFORM, No. 812

(See Catalogue, Page 6)

Skirt and Waist attached; made in plain blues and stripes.  
Usual price, each \$2.50. Sale price, 3 Uniforms (of 1 size)...

**\$5.40**

### WHITE UNIFORM, No. 880

(See Catalogue, Page 12)

Skirt and Waist separate; made of White Thread Weave No. 50. Usual price, each \$4.25. Sale price, 3 Uniforms (of 1 size)

**\$9.75**

Both of these models come in sizes 34 to 42. Lengths 42 inches.  
Skirt lengths will be altered at extra charge of 35c. each.

## Nurses Outfitting Association

131 E. 34th Street, New York City

UNIFORMS  
SURG. GOWNS

WRAPPERS  
COLLARS

APRONS  
BIBS

CAPS  
CUFFS  
Etc., Etc.

(Send for Catalogue)

## "THE BEST" NURSER



NIPPLE  
CANNOT COLLAPSE  
PREVENTS WIND-COLIC  
and BOWEL TROUBLE

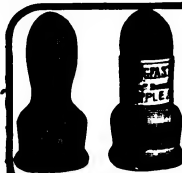
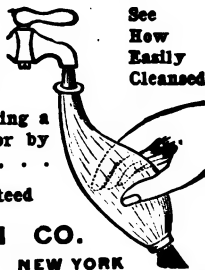
At druggists, 25c., including a  
"CLINGFAST" Nipple, or by  
mail 35c., postpaid. . . . .

Safe Delivery Guaranteed

**THE GOTHAM CO.**

82 WARREN STREET NEW YORK

See  
How  
Easily  
Cleaned



### "CLINGFAST" NIPPLE

Warranted Pure Gum.  
Right Size, Right Shape.  
Small hole, easily made larger.  
Bisulphite, easily turned to clean.  
No ribs to catch secretion.  
Baby cannot pull it off.  
Outlasts 3 ordinary nipples.  
Same price as cheaply-made, adulterated  
nipples—3 cts. each, or 50 cts. doz. At  
druggists, or from us, postpaid.

THE GOTHAM CO., 82 Warren St., New York

## LISTER'S TOWELS

FOR WOMEN



A SANITARY NECESSITY

Women who have used Lister's Towels say they are the most satisfactory article yet contrived for the purpose, and consider their wardrobe incomplete without them.

Lister's Towels are  
Light, Cool, Hygienic,  
Comfortable and Economic.

This great power to absorb and  
diffuse, make them *superior* to  
any other pad.

For gynecologic, obstetric  
or cancer cases they have  
no equal.

Clip this coupon and  
send to-day to

**THE LISTER  
SURGICAL CO.,**  
100 William St.,  
New York  
City.

25  
cents  
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# The Publisher's Desk

## The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in  
Private Practice and in the Hospitals of the Country

Conducted by  
**ANNETTE SUMNER-ROSE**

**NEW YORK :**  
**LAKESIDE PUBLISHING COMPANY**  
**PUBLISHERS**

(Published Monthly.)

**NEW YORK OFFICE**—Metropolitan Building.

**BOSTON OFFICE**—With Old Corner Book Store,  
27 Bromfield Street.

### THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

Annual Subscription, post-paid	- - - -	\$2.00
Single Copies	- - - -	.20

*Entered as second-class matter at the New York Post Office,  
March 14th, 1901.*

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With this issue, **THE TRAINED NURSE AND HOSPITAL REVIEW** completes its sixteenth successful year and starts a seventeenth.

Its first issue was that of August, 1888. It had only thirty-two pages and these were an inch smaller each way than the page of to-day. In that issue, **THE TRAINED NURSE** had no advertising except on the inside of the front cover and on both sides of the rear cover. Ivory Soap, who had the inside of the first cover, is still advertising in it.

**THE TRAINED NURSE** was started at the solicitation of a number of the leading superintendents of training schools of that time and nurses in private practice who knew that no profession can thrive until it has a publication to serve as a medium of communication between its members, a clearing house for ideas, and a means of voicing the wants and the ideals of its constituents.

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Therefore, on this, its birthday issue, we know that the nursing profession will rejoice with **THE TRAINED NURSE AND HOSPITAL REVIEW** at its success, and will wish it long life and further prosperity.

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# The Trained Nurse and Hospital Review

Vol. XXXIV

NEW YORK, SEPTEMBER, 1904

No. 3

## An Experience with Indians

Matilda Grace Roberts

ON ENTERING the office one morning, I found the reception room full of Indians. Having had instructions to prepare for an operation, I found my patient was a squaw, lying on the floor.

After the necessary preparation the squaw, Helen Show-the-Paint, the patient, was taken into the operating room and placed on the table. A young squaw, a niece of Helen, called Laura Greene, *nee* Yellow Feather, who attended the Carlyle School, was interpreter. The husband of the patient, called White Woman, remained in the room for a short time and looked on in a very stoical manner. The operation was for the purpose of removing two tumors, a pound and a pound and a half each, from the labia minorus. The entire vulva distended to a most abnormal size and filled with pus. The patient had been in this condition for two years and had come one hundred miles from their agency for medical attention and submitted to the operation upon advice of the surgeon. It was a question whether the patient would survive, for being in this condition she was considerably run down. However, she rallied nicely and by evening was able to be carried to a hotel. The surgeon was called out of town; it was my duty to see she was properly and carefully removed. A dray was sent for, there being no ambulance or hospital in town, and White Woman and White Arm put their blankets and some comforters in the bottom

of the dray, which was backed up to the sidewalk, White Arm, White Woman and Big Sheep carrying Helen carefully and tenderly downstairs and putting her on the bed of blankets in the dray. The procession started down the street; not a few turned to follow that dray and by the time it had reached the hotel the street was crowded. I reached the hotel ahead of the dray and made inquiries where the squaw was to have a room, and of all the places I was ever in that was the worst—dark, not a ray of light except what came over a partition. I objected to that on the grounds that I could not see to do the dressing. Just then Laura came in and said they could not stay in that room, for Helen didn't sleep any the night before, because the bugs "did bite." We were then taken up stairs to a room with an iron bed—the size of the room 9 by 12, the patient put to bed, and I waited a half hour to see what bad results might arise from the moving. While waiting I began to realize I was with real live Indians, and it being my first experience I could not help feeling rather uneasy. To add to my comfortable (?) state, I also knew I was in the Red Light district, and though it was early in the evening, I wished I was well out of it. Added to it all was my anxiety to take no companions with me, which I felt in my mind were creeping all over. To say I breathed full and free when I finally reached the office mildly expresses it. The next A. M.

I went with the doctor to see our patient, and found four bucks sitting on the floor smoking, one pipe between the four, and two squaws besides the patient; only one window in the room, and the odor from that sick squaw was—well, not a “breath of violets.” If the Indians’ sense of smell was keen at all, I could not blame them for smoking.

Laura waited upon us in a very intelligent manner. This Laura Greene is married to a

she was going to give me an Indian blanket, two pairs of mocassins and some elk teeth, and I was at a loss to account for all this great generosity, when Laura interprets Helen’s continuous conversation, that “Woman-doctor heap a kind—must have something to show memory by.” By the third day the Indians were all very anxious to get out in their tepees, so on the third night they moved out in the tepee and poor Helen said she



HELEN SHOW-TH-PAINT, THE SICK INDIAN SQUAW, IN HER TEPEE

white man, is twenty-six years old and been married eleven years, this white man holding some position on the Indian reservation, and, we were told, very well liked. I dressed the patient and gave her attention twice a day in that room for three days. There was no elevation of temperature, and her pulse was normal, still she was in great distress and every day she would hold my hand and talk for ten minutes or more in Indian to me, and Laura would interpret for her, telling how grateful she was and how much she would give me and so forth. One day she told me

could breathe better. The next evening I walked out to their camp, finding it about a mile from town. They had pitched their tepee on the banks of Big Goose River, one of the most picturesque spots I ever saw. I was very much of a tenderfoot yet, having been in the West less than a year. I was keenly alive to all the beauties of nature. As I left the town behind me and crossed the big iron bridge over Big Goose River and followed the foot path around the base of the hill, the air was most delightful, filled with the fragrance of the blossoms of the wild plum trees





THE FAT SQUAW IS LAURA YELLOW FEATHER; THE WHITE  
WOMAN, STANDING BY THE BUGGY, THE NURSE



WHITE WOMAN AND WHITE ARM

which grew along the banks of the river. Nature just unfolding her summer wardrobe and the air full of the call of different birds. I could not help feeling that it was really good to be alive. I shall ever remember that walk. I dropped my grip and stood, throwing my chest out, and filled every cell with nature's best remedy, pure air. Picking up my grip, and walking on, I suddenly came in sight of the Indian camp. My first impression was that it must have been wash day, for from tree to tree were lines, on which I thought were clothes hung up, but as I drew nearer found it was "jerked beef." They had killed a cow and had strung up all about the camp this beef to dry, and the squaws were busily cleaning and cutting up parts of the animal. Camp fires were burning here and there and a busy little settlement it was. As I passed on I noticed a peculiar shape tent and something going on there, so I stood and watched and so discovered that the bucks were taking a Turkish bath, *a la* Indian. I had been told or read somewhere of their method of bathing and I was getting my first view of it. In a round shape tent were some naked Indians; outside were the squaws, building a fire and heating large stones; when these stones were hot they were thrown into the tent and buckets of water were thrown over these stones, making great quantities of steam, and the Indians remain in there about ten minutes, until they perspire freely, then come out and plunge into cold water. I did not go close to the tent, for as yet I had not quite become accustomed to being alone with the red man.

I soon reached the tent where my patient was, but as I was about to enter, I noticed, sitting at one side, Yellow Feather and a white man. I spoke to Yellow Feather, asking if she had everything ready. She busied herself about the water, etc., and the white man came forward with his hat in his hand, saying in a most courtly manner, "Permit me to introduce myself." My name is Greene.

You are Miss —, I presume." After recovered from my astonishment and looked him over, I offered my hand, which he shook in a very gentlemanly manner. Here was the husband of Laura Yellow Feather Greene. He looked like any ordinary ranchman, in his clothes and soft shirt, well-shaved and clean, and manners most acceptable. I talked with him a few moments, while taking a mental survey of the man and the surroundings. Of the two I was the one ill at ease. Here was his wife, a full-blooded squaw—true, good looking as squaws go—mouthful of the most beautiful teeth, long shining black hair, but in form like a bundle of straw, only huge and tied in the middle. Here, on the opposite side, the Indian living in his primitive way, eating raw meat, sleeping on the ground, and try if you can to reconcile this white man I have described as being of this people. I was told he was a college-bred man, studied medicine four years at one of the best universities of Europe, and while you talk with the man there is no question in your mind as to his education. But alas! you shake your head and pass on.

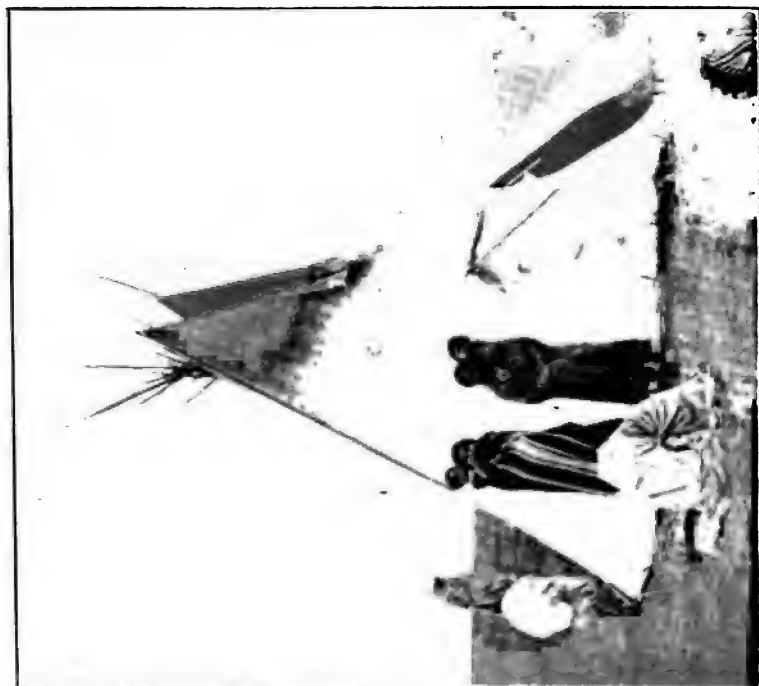
I find the patient, Helen, lying on the ground, all huddled in her blankets and feeling "heap-a-good." The squaw lying at one end, a sheet iron stove in the centre, and numerous bundles of bedding all rolled up on each side of the tent.

I hung up the fountain syringe on a cross pole, used the top of a dinner pail for a douche pan, and proceeded about the dressing as though I were in the ward of a well-equipped hospital. Just as I fastened the T bandage and straightened out my back from dressing a patient on the ground, the reverberation of the sunset gun was heard from the Fort, three miles away, and of all the interesting cases that had ever come under my care, this was certainly the most unique.

As I was removing my rubber gloves and cleaning hands outside of the tepee, two nude Indians passed me on their way to the river,



IN THE CAMP



THE THREE FIGURES IN WHITE ARE IN MOURNING, AND ARE NOT  
SUPPOSED TO LOOK ANY ONE IN THE FACE. WEAR  
WHITE SHEETS FOR MOURNING GARB

to take the cold plunge, and the squaw man stood talking to me. In a moment the third one passed, and as his fine physique was silhouetted against the beautiful blue of the sky, all nature combined to make a picture not soon to be forgotten.

For two weeks I went twice a day to see and attend that Indian; then for a time she was brought to the office once a day and treated first with the high frequency current and later with the X-ray. Under the latter treatment we got better results, and just as she showed marked improvement they took her back to the reservation, and from time to time we hear of her gradual improvement. I hope some day soon to go to the reservation and see Helen. It will be interesting to see hun-

dreds of other Indians on their native land. The Indians in camp at this time were Show-the-Paint, the patient; Laura Yellow Feather Green; White Woman, husband Helen; Strong Enemy, Big Sheep, Long and Yellow Brow. The way the Indians have of naming their children, Yellow Feather tells me, is of some event which happened at the time of the birth. Yellow Feather tells me when she was born her mother, father and people were away at war with some hostile tribe, and when they returned all the warriors stood around her and had yellow feathers in their war-bonnets—and so the new babe was called Yellow Feather until she was named Carlyle, then named Laura, and finally Yellow Feather Greene.

## My Summer Work in a Fresh-Air Home

M. G. M.

IN THE summer of 1902 there was opened, on the outskirts of our city, a Fresh-Air Home for children and mothers from the nearby metropolis. It was under the charge of Miss S. C., who was matron of a large city day nursery. Being interested in her work, and finding that there would be no resident nurse at the Home, I volunteered to make a visiting nurse's call there daily, to carry out the orders of the physician who gave his services to the work. I found the experience a unique one; and, having been interested in various accounts, published in *THE TRAINED NURSE*, of work done under difficulties, it has occurred to me that others might be interested in the trials and successes of our work that summer.

The Home was supported principally by voluntary contributions, so expenses were kept at the lowest possible point, and in order to benefit as many as possible, the building

was crowded to its utmost capacity all the time it was open. The beneficiaries were chiefly small children, with a sprinkling of women and older girls, who did the work of the establishment. Miss S. C. had with her a few salaried assistants, but they were quite inadequate for the amount of work to be done, and the training of women and girls in household work was a recognized part of the summer's endeavor. This was, of course, excellent in itself, but it certainly aided in producing confusion in the overcrowded establishment.

The building had formerly been a large farm house. It was situated on a pretty country road, with a shady grove on one side and a little lake on the other. We reached it either by bicycling along a sandy road or by walking from the end of a trolley line. Long before the house came into sight, one could hear the hum of many voices, and

visitor could possibly mistake the place for a private residence, for the grounds were always swarming with little people. I doubt if there was a time during the two months that the Home was open when there were less than a hundred children there. They were packed in closely at night, but during the day they lived in the open air, and their transformation from thin, white, listless creatures to round, rosy, healthy youngsters was marvelous and delightful to see. The overworked caretakers labored steadily to keep them clean, but they would not get around once before it was time to begin over again!

Perhaps it was because, poor little souls, they had received but little kind attention during their hard and barren lives, but the more we worked over them the better they were pleased. They fairly fought for precedence in being admitted to the office; they adored Dr. C., and hung to my skirts every time I turned around. A nurse seemed to be something foreign to the experience of most of them; for a long time they called me "doctor" and "doctor lady."

There was no room set aside for hospital purposes, and our office was the reception room of the home—a tiny room between the front hall and the dining room, where we were subject to every sort of interruption. There was no place for me to keep uniform, instruments or appliances, and I was obliged to carry everything with me. Not only were closets overflowing, but bundles of clothing were underneath beds and tables as well. Clean towels were almost impossible to obtain, and I usually had a hunt for even the wash basin that was supposed to be for my exclusive use. There was a cabinet for medicines, but I never found anything twice in the same place. The care of those who were ailing was distributed among so many women that no one could say where a needed bottle or box might be; after a search it might be discovered at the top of the house, at the cottage further up the road where some of the

mothers slept, or locked up in the matrons' room and she gone to the city.

Most of the medical and surgical supplies were donated by one of our leading druggists; they must have amounted to a large sum in the course of the summer. Dr. C., however, himself donated a good many of the remedies which he prescribed, and friends of the Home presented large quantities of old muslin and linen, to be made into the hundreds of bandages and dressings which were required.

When the doctor arrived in the morning, he visited any who were ill in bed, and all others who were ailing were brought to the office, one after another, to be examined and prescribed for. After his departure, the nurse had his orders to carry out; all sorts of patients to care for, orders for supplies to be written and sent, and the most careful of written directions to be left regarding the care of patients through the day.

We had a great variety of cases. A great many children were badly bitten by the mosquitoes, and wholesale scratching with dirty hands resulted in horrible sores on arms and legs. I used more time and bandages, not to mention antiseptic solutions, ointments and powders, on cases of this sort, than on any other. The demand for bandages was so great that though Mr. R., the druggist, sent us many boxes, and I occupied every spare minute in making others, the supply never seemed large enough.

One of the most unpleasant cases that we had was that of a little girl with eczema of the scalp. We were obliged to cut all her hair off closely, and apply dressings, which were held in place by tightly fitting little mobcaps which I made for her. Some time before the Home closed I missed her, and, on inquiry learned that she had been called home by her mother, who conducted a laundry in the city and wanted her help. She was then in much better health than when she came to the Home, but after she left us she

received no care at all, and I believe she died the following winter.

We had the usual number of mild cases of diseases of the digestive and respiratory tracts, but the general health at the Home was good, on account of the abundance of fresh country air and of plain, wholesome food. Also, there were remarkably few accident cases, in spite of the large number of little children about the place. Another piece of good fortune was the fact that there was no outbreak of contagious disease, although a new party of children arrived from the city every two weeks, to take the place of some whose outing was over. As to the mothers, there were a few cases of chronic illness, as of the heart or kidneys, among them, and a few gynecological cases, but even these patients improved during their stay.

There were, however, two very serious acute cases, during the summer; although, when the number of inmates is considered, this must be admitted to be a very small percentage. Both were tiny children, in the nursery department—little Charlie, who had pneumonia, and baby Marion, who developed meningitis.

As I have said, there was no room set aside for use as a hospital; those who were ill either remained in their cots in the crowded dormitories or were taken into the matron's own bedroom. There was usually some ailing one in the latter place, and sometimes several at once, so that I doubt if that devoted woman had one single full night's rest while she was there. The whole responsibility of the establishment rested upon her slender shoulders and it weighed heavily; I do not think she could have gone through the summer without a breakdown if it had not been for her devout and childlike Christian faith—a faith at which I daily marveled. I have no doubt that she believes to-day that little Charlie's life was spared in answer to prayer. He was very ill, with a frightfully high temperature, and all the usual distressing symp-

toms. The weather was warm and sultry, the dormitory close, the noise made by a hundred children was unspeakable, and there that poor baby lay, pathetically patient, and fought with death. Flocks of visitors came and went, the people of the town regarding the Home as one of its show places. But, in spite of all disadvantages, the little patient pulled through, and when the Home closed he was one of the heartiest looking children about the place. His mother came out for a few days, during his convalescence, but she could not leave her work for long. During the worst of his illness, Dr. C. made more than one visit daily and once or twice I did also.

Baby Marion did not recover so well. She was one of the youngest children at the Home, and seemed ailing and fretful much of the time, from the very day of her arrival. When she became very ill, the only place in which she could be cared for was our little office, where she was placed on a cot, and covered with a mosquito canopy. She was given all possible care, but was necessarily in the midst of all the busy life of the place. The doctor saw his patients in this room, as usual; there was no other place. Through the room flowed an endless stream of inmates and visitors, under the windows the children played and shouted, and on the piazza there was held, almost every evening, a devotional service, with much hearty singing. Marion's mother was with her during part of her illness, and she also was quartered in the office, where she would sit, silent and large-eyed, watching what went on about her. Marion recovered, in time, as far as actual disease was concerned, but the close of the summer found her still in a very unsatisfactory state.

Among the most interesting of our patients were some little crippled children, out-patients of one of the special hospitals in the city. Harold wore a back brace and Katy a leg brace, but poor little Rosy had both. These children required attention every day,

and I soon grew much attached to the patient little souls. Among my most vivid recollections of the summer are Harold's delight in illustrated newspapers, the difficulty with which medicine was given to Katy, and Rosy's extreme nervousness in the presence of the doctor. Poor child, she had suffered so much that she had lost her nerve, and once, when she was obliged to undergo a trifling operation, she made a scene that nearly tired out two doctors, the nurse and the matron. Being anesthetized at last, however, she wore in her sleep the sweetest smile that I ever saw on a child's face.

There were a number of operations during the season and, though they were all slight ones, they were difficult to manage in such surroundings. Absolutely aseptic conditions were impossible, and, where the caretakers were so numerous and so ill-prepared, every detail was attended with difficulty. There being no empty room, some operations were performed in the dining-room, and others in the matron's crowded apartment. Sheets and towels were at a premium, and the kitchen range was always so crowded and the demand for hot water so great, that sterilization was not easy. If the patient's mother

was at the Home, it was sometimes hard to make her carry out orders, such as not to feed the patient the morning of the operation. The intense curiosity of the mob of children was another difficulty; we worked behind locked doors.

There is always satisfaction, however, in the triumphant surmounting of obstacles. It is pleasant, therefore, to remember the successful outcome of the operations, and, indeed, of the summer's work in general. Another pleasant memory is the gratitude of the women and children to their devoted physician, and their unvarying kindness to and willingness to oblige myself. One little incident I shall never forget. Coming downstairs one wet morning toward the close of the summer, I found the household gathered upon the wide piazza for morning prayers, and was just in time, standing back of the door, out of sight, to hear the blessing and help of heaven asked for "our dear sister, the nurse." Their "sister's" eyes were full, as she crept silently away; she was indeed finding a blessing in her work for them—not only in the way of enlarged experience, but also in that spiritual gain that comes to those who serve "the least of these My brethren."

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### **Don't Cross Your Knees**

A medical authority has recently uttered a warning against the habit of sitting with one knee crossed over the other—a pose which is nowadays almost as common among women as among men. This apparently harmless habit, it seems, is likely to cause sciatica, lameness, chronic numbness, ascending paralysis, cramps, varicose veins, and other evils. The reason is simple: The back of the knee, it is explained, as

well as the front of the elbow and wrist, the groin and the armpit, contains nerves and blood vessels which are less adequately protected than in other parts of the body. The space behind the knee contains two large nerves, a large artery, and numerous veins and lymphatic glands. It is the pressure on these nerves and vessels which is apt to give rise to the various troubles against which we are warned.

# Nursing in Smallpox \*

Llewellyn Elliot, A.M., M.D.

Physician in Charge of the Smallpox Hospital, etc., Washington, D. C.

**T**O BE able to properly nurse a patient sick with smallpox, one must have some knowledge of the disease, since the nursing of such patients is far different from any other class. In this disease cheerfulness is an essential; gloomy spells must be banished from the sickroom, for in no other disease is the patient more susceptible to impressions, or more tractable when both nurse and patient understand one another.

Smallpox is classed as an exanthematous disease, one whose chief characteristic is an external eruption with fever.

Smallpox is ranked as a highly contagious disease, as well as an infectious disease.

We must bear in mind all contagious diseases are not infectious, also, that all infectious diseases are not contagious; then again, some diseases are both infectious and contagious. A contagious disease means one contracted by external contact or touch; an infectious disease means one where the disease enters the system by absorption of its specific germ through an abraded surface or an inoculation.

Smallpox, therefore, may be contracted by personal contact or by inoculation; by inhaling the infected air, the powdered dry scabs, or the breath of the patient. By inoculation is meant the accidental contact of the pus of the pock with an abraded surface, on the hand or other portion of the body.

After the exposure of a previously unsuccessfully vaccinated subject to a case of smallpox, a period of from ten to twenty-one days elapses before any manifestation of the disease appears, then if the disease is to show itself, the first symptoms will be either a sense of chilliness or a chill of more or less intensity. Instead of a chill, there may be only a little

aching of the body, with a temperature ranging as high as 107°. Headache, backache, vomiting, constipation, anorexia follow; these discomforts last about three days. This period constitutes the period of invasion, as the one which elapsed between the time of exposure and the first appearance of the symptoms constituted the period of incubation.

At the expiration of the period of invasion, the third day, doubt as to the diagnosis will usually pass away for another complexus of symptoms appears. An eruption appears on the forehead along the line of the hair, on the cheeks, lips or nose, the neck or wrists, papular, hard, shotty feeling, red at first, losing its color but not its feel upon pressure. The fever continues but abates when the eruption increases. This is the period of eruption. These papules become vesicles, then pustules, then scabs, to fall off from the face and upper part of the body in from eight to twenty days after their formation.

We have, then, the stages of incubation, sixteen to twenty-one days; invasion, three days; eruption, papulation, vesiculation, pustulation, desiccation and decrustation. The time required for these various stages to pass is hard to state with mathematical exactness, but, we are safe in saying, twenty-eight days will be the average time required for a simple, uncomplicated case of smallpox, while in those cases complicated by abscesses or other things, the period may run into months before the patient will be safe enough to go among his fellows.

I will define the terms papule, vesicle and pustule. A papule is a small, circumscribed, solid elevation, usually superficially seated, the size of a pin head or a pea. A vesicle is a

\* Prepared for THE TRAINED NURSE from lecture delivered before the Association of Graduated Nurses of the District of Columbia, October 1st, 1903.



little blister, whitish or yellowish in color, from the size of a pin point to a pea, in other words, a circumscribed epidermal elevation, containing clear or opaque fluid. They arise as vesicles or are formed from pre-existing papules. A pustule is a circumscribed epidermal elevation of varying size. We may have combinations, as papulo-vesicles or vesico-papules, and papulo-pustules, and vesico-pustules.

The eruption of smallpox is found on almost every part of the body. The face, scalp, ears, neck, back, chest, arms, wrists, hands, palms, thighs, legs, feet, soles; in the throat, the vagina, the urethra; on the tongue, on the genitals, on the cornea. At post-mortem examinations I have seen it in the esophagus, in the stomach and in the intestinal canal, but not in the bladder.

Before taking charge of a patient ill with smallpox, the nurse must be immune to the disease by a previous attack of the disease or by a recent successful vaccination. Oftentimes a vaccination has been successfully done in infancy and repeated during school life. This is protective, as a general rule, but it is best to have another inoculation. The fact that an arm has been made sore by a vaccination, does not prove the success of the operation, for the wound may have been infected with extraneous matters, such as dye in the clothing, dirt, plaster, flies or in other ways. The scar must have the characteristic pitting and not present a smooth, shining surface.

The regular forces—the Army, the Navy and the Marine Hospital service—afford very few cases of smallpox, as vaccination and re-vaccination are compulsory; on the other hand, in the volunteer forces—State militia—where vaccination is a matter of choice, cases frequently occur. The police and fire departments of this city never show any cases among their members. I have known instances where soldiers and others have sucked the virus from the fresh wound and thereby pre-

vented success and smallpox develop. I have known instances where the point has been washed previous to the operation, with a like desire and a like result.

It is hardly worth while to discuss the question "Does Vaccination Protect from Smallpox?" still that very question has been asked me by graduate nurses, by medical students, by physicians and others. I will, in answer, refer you to statements in medical works which are incontrovertible and therefore convincing of its power to protect. Every individual can at some time or other be successfully vaccinated; there are no immunes, therefore repeat the operation until successful.

When you are called to a case of smallpox, the physician in charge and the inspector of the health department have usually selected the room for the patient, given general directions as to furniture and hangings to be removed, and moved the patient into it, therefore the situation must be accepted. A superabundance of things left in the room will entail more work upon the health authorities when the time comes for the disinfection of the premises and the discharge of the patient.

The sickroom must be as far as possible from the other occupied rooms of the house. If it is possible to have two communicating rooms, where the construction of the house permits, at all events have two rooms; if necessary, take the entire floor. This will give plenty of ventilation, plenty of space for both patient and nurse. Have removed all trunks, wall hangings, woolen goods, rugs, carpets and other unnecessary things, where this has not been already done. Leave the window curtains in place, many writers to the contrary notwithstanding, for they are needed to shield the patient's eyes from the strong light of the sun, which is oftentimes of great injury to them. Cover or remove the mirrors, patients will thank you for it. Alongside the bed place a piece of carpet, an old rug or a half blanket; this will be sufficient floor cov-

ering and can be destroyed. At the door hang a sheet wet, not dripping, with an efficient disinfectant; carbolic acid solution or formaldehyde is the best and the easiest managed. To keep the floor, the furniture and the window sills clean and free from dust, it is best to take a broom or brush covered with a towel and lightly but thoroughly wipe these places. The sweepings, however, are to be burned and not thrown away or shaken out of a window.

The patient's bed must be so arranged that there will be no soiling of the mattress by either the discharges or the breaking of the pustules, and to prevent this it is necessary to procure a rubber sheet, an oil cloth, oil silk or other protective material.

A chamber, a bed pan, a sanitary spit cup, a small pitcher, a feeding duck, a drinking glass, a medicine glass, handkerchiefs, a small call bell, a thermometer, temperature charts, a writing pad, a lead pencil and a watch will constitute all that is necessary for the sickroom. In addition to this list of articles, the housekeeper must provide such dishes and other table articles as are needed for both patient and nurse, for the nurse will not be allowed to mingle with the rest of the people of the house. The nurse must wash and keep these things clean, being very careful to have her own set entirely separate from those of the patient. They must be dipped in a standard solution of corrosive sublimate or carbolic acid, then washed, dried and put away until the next meal. The remnants of meals, from either patient or nurse, must be sprinkled with the same solution that is poured on the dishes, then wrapped in paper and burned, never given to cats or dogs, or put aside for luncheons. The people of the house can furnish these luncheons when necessary, but do not ask too many nor too much, just a few crackers, a glass of milk or other simple thing. Above all things, be considerate and remember at all times, it is as much of a misfortune for them as it is a

privation to you, for this special disease to be in their midst. Neither of you can leave the premises for exercise, social visits or recreation. It is a bad job at best for all hands, so put up with it and don't cry, pout, get homesick or ugly, but think of the commiseration and sympathy you are getting from the outside world, to say nothing of the advance in your profession you are making.

So much for the room, the dishes and other accessories of the room. Now for the nurse.

The nurse, next to the doctor, is of great importance in the house. All bow in submission to her, when she is doing her duty, all look to her to bring their loved one out of a dreaded disease, therefore, let her appreciate her position and endeavor by word and deed to deserve all the good things said of her and avoid everything which will detract from her praise, or her future useful career. A nurse who can and will nurse smallpox is a gold mine many and many a time.

The nurse will take the additional room for herself; her bed and other things will be placed there, and there she spends her extra time. She can take her books with her, but let these books be few, for they may be taken from her by the health authorities. Photographs, trinkets, letters and other things of only a sentimental character have no place in the sickroom of a smallpox patient, therefore leave such things behind. A hair brush and comb, a tooth brush and a hand scrub, handkerchiefs, two suits of clothing, a pair of slippers, not those woolen parodies some women wear, but a pair of slippers that can be washed with a disinfectant solution. A wrapper, to be worn over your uniform while in the sickroom, a cap which will cover the hair and not one of those make-believes which forms part of your uniform. In my opinion, a Moslem suit will prove most satisfactory as a uniform in this class of cases. Take a pair of rubber gloves, if you see fit, for they will come in very handy, when the

stools are to be cared for, as well as when the pustules are breaking and the pus will run over everything, making a stinking, dirty mess.

The temperature will be taken every four hours during the day, say, at 8, 12, 4, 8, and should it be deemed necessary by the attending physician, once during the night, this, with the pulse, respiration, number and quantity of the stools and urinations, medicine, diet and sleep will be recorded. In a few days the physician will know from a few observations what the condition of his patient will be at the next visit. Ordinarily, the attendant will take observations himself at his visit, if he is a competent one to manage the case and not be of the usual scary kind in the face of this disease. He will give full directions as to what to do, what applications to make to the tortured mortal to relieve him of the almost incessant itching which sometimes accompanies the disease, and the disinfection of the stools. If he sees fit to order cold applications, it must be because his former experience so dictates. I do not criticise, neither do I hold myself infallible in the management of smallpox, but surely cold applications in the presence of every fever strike me as not being exactly correct. I have had more trouble follow and more fatal results from this line of treatment with constant cold applications, employed in the earliest days of the indisposition, days when it was impossible to formulate a correct diagnosis, than in any other cases. You will spend a great portion of your time in the sickroom; do not neglect your patient; be ever watchful for his welfare, cheer and entertain him. Leave the morphia bottle and the hypodermic syringe at home, for they have little place here. I cannot at this minute recall a single instance in my experience with the disease, where it has been necessary to use the hypodermic syringe to induce sleep or quiet the patient, and this experience dates from 1878; medicine can be given by the mouth. Do not get discouraged

if your patient remains awake all night and then wishes to sleep all day; it is their misfortune and not wilfulness. A smallpox patient will stand half a grain of morphia as easy as a well man will a tenth of a grain; why, I do not know.

The soreness of the throat will cause much trouble to the patient, and after gargling with chlorate of potash or other remedy, it sometimes becomes necessary to wipe out the mouth to free it of accumulations; then the rubber glove comes into play, in handling the gauze or the cheese cloth used; where this difficulty is extreme, gentleness and patience will do more than harsh words or threats.

When delirium occurs is the time for your most watchful care, for a smallpox patient is the cutest animal I have ever heard of, and he will take the least opportunity which presents to escape, and when he escapes he has sealed his doom, for he will not recover; he will remain quiet, to all intents and purposes asleep, but look out. Restraint is sometimes required, and this should be by means of straps, never ropes.

The odor of smallpox frequently becomes very offensive, so much so that measures must be adopted to counteract it; this may be done by placing saucers containing acetic ether about the room, by sprinkling carbolic acid about, or the use of one of the perfumed dusting powders. Of course, the free admission of fresh air is understood, but in the admission of this air be careful the patient is not exposed to draughts.

However clean a patient is previous to an attack of smallpox, he becomes careless and dirty when sick of it.

The pustules scab and the scabs fall off. Collect these in a paper, a bottle, an envelope, or some other suitable receptacle, and either destroy them by fire or hand them to the doctor, who will do so. As the scabs fall off and there is no counter-indication, the doctor will direct a bath, which bath will be with mercuric bichloride or carbolic acid. Do not

permit the patient to remain in the tub long, but see that every part of the body is thoroughly washed; the germicide in the bath will prevent the infection of the sewer. Other baths will follow the first one.

During his sickness, caution the patient as to probable heavy sweating, so that he will not throw off the bed clothing and become suddenly chilled. Should it be necessary give him a change of dry clothing. For the itching, the applications already mentioned will be of service. As soon as the pustules form, the soreness of the body is extreme; now local sponging with a solution of boric acid, a solution of corrosive sublimate, one of carbolic acid, camphenol, the peroxide of hydrogen, or preferably a solution of Tyree's Antiseptic Powder, will serve to allay this and assist in making him comfortable. Patients are now unreasonable, they are like spoiled children, they fuss and fret and throw off the coverings and say all sorts of irritating things. They will be sorry for this; do not lose your temper; gently but firmly control them.

One thing I want to impress upon you. It is this: Do not allow smallpox patients any reading matter as long as they are suppurating, or the eyes the least inflamed; if you do, they will blame you for any result that may affect the eyes. Another thing, while the eyes are closed, as they very frequently are, do not use force to open them, but with a soft cloth, wetted with a solution of boracic acid, gently wipe them free of any accumulation of pus, shielding them from the light at the same time; do not always attempt to complete the opening on a single day, come back at the work each day as necessary.

A smallpox patient must be confined to his bed until the pustules have scabbed and the majority of the scabs are off, because, as soon as he is up, he will drop these scabs everywhere and thereby become an active factor in spreading the disease. These scabs, as I have already told you, must be collected and burned.

The temperature of smallpox will prove a problem to you, as it has to me and to other smallpox men, in this, that a record of  $107^{\circ}$  may be without delirium. The same may occur with a temperature of  $97^{\circ}$ ; delirium more frequently accompanies the range of  $102^{\circ}$  to  $104^{\circ}$ .

The pulse rate may be as low as 54 or as high as 136, and still no indication of serious heart affection be present.

In smallpox there is no such thing as a strict diet list; good sense governs this part of the subject. When a patient will not eat do not force him, but coax him with milk, soft boiled egg, soft crackers, soft toasted bread; he will come around all right. He knows that his throat and mouth are sore, but when he starts to eat give him almost anything in reason that he desires.

The bowels will give trouble to keep open.

The reaction of returning health has set in and we must feed this patient and feed him well. No slop diet here.

I think I have covered the whole subject, except the care of the nurse's hands, because I suppose your own common sense will tell you what to do to prevent them from becoming infected with the disease. You know the effect of frequent and strong applications of bichloride of mercury, and also of those of carbolic acid, and how to allay the irritation they cause. I use a mixture of glycerine and soap liniment, well rubbed in, to find after one good application that all trace of the effect of these irritating applications has passed away. The same applies to disinfection; the health authorities attend to the disinfection of the premises; so, therefore, it is out of place to discuss this point, still for your own information, I shall say, that steam is by far the most destructive of germs as well as of fabrics, but must be employed where possible; formaldehyde gas is very effective, but more as a surface disinfectant; sheets wet with formaldehyde and hung in the infected room will act to the satisfaction of the most careful inspect-

or, the same solution placed in saucers about the room is also good; then the burning of para-formaldehyde in the form of Lister's fumigator is another good way and one which has been adopted in several cities. Formaldehyde as generated from wood alcohol is

used in many large cities, but has been abandoned here. Sulphur is a good disinfectant, and one which will be used for many years to come. These matters, as already said, do not come within your province and need no further discussion.

## Information for the Obstetrical Nurse—Care During Confinement

**S. Virginia Lewis, M.S.N.**

Author of "Nursing," a hand-book for the untrained

### FOURTH PAPER

**A**S TO the position which the patient ought to assume immediately after conclusion of the ordeal of labor, it is safer for her to lie upon her back for several hours, after which she may assume any position which she finds comfortable. The reason for restricting the woman to the dorsal decubitus is because the abdominal walls are in such a condition of laxity, and turning upon her side would permit the heavy uterus to fall forward, inducing the possible condition of air-embolism, owing to the drawing of air into the passages. However great or small the danger may be, it is obviated after permanent retraction of the uterus and occlusion of the vessels at the placental site.

Many physicians are positive in their orders that the patient shall be constrained to keep the recumbent position even when urinating, on account of the fear of hemorrhage; while others maintain that in normal cases such fears are without foundation after the first eight hours. These advise the sitting posture as doing away with the catheter in the case of those who experience difficulty in micturition while in the less natural position; then, too, the upright position favors the

expulsion of vaginal blood-clots—another thing which is desirable. Both a bed-pan and commode are requisites in the lying-in chamber, therefore; though, failing the latter, an ordinary vessel may be employed, if set upon a box or something to bring it comfortably high.

As considerations like the above are open questions among physicians, the nurse who is wise will forearm herself by obtaining the opinion or wishes of each separate doctor whom she is called upon to assist; for upon her devolves that responsibility included in the faithful execution of his orders, alone—all other responsibility belonging only to him. It is well for a nurse to be cognizant of these differing views among obstetricians, also the reasons for them, that she may be led, at the proper time, to ask for advice.

The voiding of urine within eight hours after delivery is important; otherwise, the copious quantity commonly secreted at this time may injure the bladder by over-distention, or be the means of exciting hemorrhage of the uterus.

An easy method for inducing micturition is to arrange for the patient to hear water run-

ning from a faucet; or, if that be impracticable, water may be poured from one pitcher to another; the sound or sight of such proceeding exerts a peculiar effect upon the nerves, which will frequently, without any other aid, bring about the desired result. Failing ordinary means, the catheter will be needed, and must be positively clean—surgically clean. The rules of antisepsis apply equally in preparing the genitals, which should be washed with soap and water before applying the disinfecting solution. Certainly, the nurse should never permit contact with these parts until her hands have been thoroughly sterilized; for no matter how well the patient may be progressing, a neglect of proper precautions may soon convert a perfectly normal case into a grave surgical one. Even a very occasional occurrence of infection due to carelessness renders reiteration upon aseptic and antiseptic questions excusable, if not imperative. Nurses new to the profession do not always regard such questions as seriously as they should; while those long in the service have a tendency to grow lax—at least, in some instances. Rather than heed the views expressed by women among the laity, who, with declining years, entertain more or less prejudice against advanced knowledge, the only nurse who is fit for her calling is she who abides by the precepts of her training-school.

For the safe insertion of the catheter, it is advised to employ sight rather than mere touch, for introduction must be accomplished gently.

About the third day of confinement, some doctors order a purgative—perhaps compound licorice powder or castor-oil; while other physicians are anxious to secure evacuation of the bowels before the first thirty-six hours. Find out about this. It is desirable to have the bowels evacuated every day thereafter. It may be necessary to employ enemata, consisting of plain warm water, or with the addition of soap, or two ounces of a satu-

rated solution of Epsom salts; or one or two drams of undiluted glycerine, etc. A saturated solution of Epsom salts, or any other drug, is made by adding to a required amount of water all of the drug that the water will dissolve.

A hard-rubber syringe is best for glycerine enemata, and should be warmed first; the glycerine should also be warmed by placing the containing bottle in a vessel of hot water. In using a fountain syringe be careful to eject the air from the nozzle by running through it a little of the fluid. Anoint nozzles with aseptic cosmoline.

Ventilation of the lying-in chamber should be thorough and continuous, because the air is being constantly vitiated. At the same time, draughts must be excluded, and every precaution taken to guard the patient from contracting cold. The admission of sunlight, excepting during the heat of summer, or when taking a nap, is to be encouraged for its greatly beneficial effects. Protect the eyes of both mother and child from its glare, by placing a screen in position, instead of drawing the shades on every occasion. Prohibit your patient from reading, but read to her instead.

In ordinary cases, one week in bed is about long enough, though this by no means implies that the patient is to be up and around; for during the second week, though she may be removed to a lounge for part of the day, to vary the monotony, her position should be recumbent for most of the time. At meal time it would do no harm to sit up. As her getting around must be gradual, she might sit in an easy chair for several hours daily during the third week, but should not be allowed on her feet until completion of that period. These rules are given in the absence of other instruction from the doctor, and apply only to normal cases. No two cases are precisely alike, so that one must be guided by conditions.

Concerning the question of visitors, none

ought to be allowed for the first week—certainly not for the first three days, at least; because the nervous system of any lying-in woman has received an impression more or less profound. It is during these initial days that the nurse will require to exercise vigilance for signs of hemorrhage, or other complications; for bleeding profusely may take place even while the patient is sleeping.

Touching the question of douching, accoucheurs differ materially; and unless the nurse be acquainted with his particular views, she must inquire of the attending doctor, who might possibly omit to inform her. There are some who prohibit douching entirely, in normal cases; while many others rely upon douching immediately after delivery, and not again thereafter, unless indicated by feter of the lochia (the bloody discharge following child-birth). Syringe-nozzles are best boiled, to render them surgically clean, and kept in a germicidal solution when not in use. Only an aseptic or antiseptic lubricant must

be employed; and the tube introduced only for an inch or two, care being observed to avoid any injury to the sensitive mucous surface.

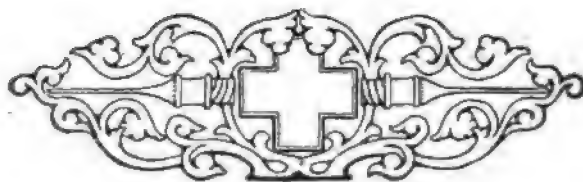
The usual strength for a mercurial solution is 1 to 5,000; but as corrosive sublimate not infrequently causes a burning sensation, its strength may be decreased, or you may be instructed to follow it with another douche of plain water, or boric acid solution. Some doctors find an objection to the bichloride of mercury, and substitute creolin—one dram to one pint of water; or Labarraque's solution (chlorinated soda), one-half ounce to one pint of water; or lysol. These mentioned have been commonly employed, but Tyree's antiseptic powder and some other excellent newer preparations are becoming widely used.

All water for the making of douches should be boiled for at least one minute, and set away in closely covered vessels, to cool.

### Health Educational League

The Health Education League, of Boston, Mass., has issued a series of small pamphlets on the subject of health. It is called "Hints for Health in Hot Weather," and contains many suggestions calculated to fortify the body against

heat and disease; this pamphlet is now being used by the outpatient department of the Massachusetts General Hospital, by the District Nurses' Association and also by college and social settlements.



# Massage of Special Regions

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## NINTH PAPER

**S**INCE the scope of these papers does not admit of an exhaustless review of the therapeutic applications of massage, I will, in the present paper, point out its value and use in certain important special regions not yet brought under consideration.

In what is understood as the administration of general massage, the movements are applied to seven different parts of the body, in the order named, as follows: Legs, hips, abdomen, chest, arms, back and head; the procedures in the treatment of two of which regions, the abdomen\* and back, we have already examined.

In giving general massage, the treatment of each part is usually begun and ended with effleurage, either spiral or centripetal friction, and in treating some parts, such as arms, legs and back, it is often thrown in as an extra or intermediate movement. It is understood, moreover, that in general the various parts are to be gone over with each manipulation from four to seven times. After the light frictional stroking of the whole arm, petrissage or kneading is next applied over the metacarpal bones of the hand, to be followed by joint and other movements applied to the fingers, including petrissage to the phalanges, and otherwise flexion, extension, rotation and stretching to each separate finger. Joint movements are now applied to wrist, elbow and shoulder, the wrist being further treated by frictional stretching over the annular ligaments, and the hand by a finishing frictional rubbing to the palm. Friction and deep petrissage are next applied alternately to the forearm and upper arm, the

procedures of the entire treatment including such movements as fulling, rolling, muscle kneading, wringing, spitting, stroking and percussion, and sometimes concluding with shaking, stretching and vibration.

In treating the legs and feet, effleurage, petrissage, friction and fulling are repeatedly applied, the frictions always administered in the centripetal direction. Joint movements, selected from the Swedish procedures, are applied to the toes, ankle, knee and thigh, such as flexion, rotation, extension, abduction, adduction, circumduction and stretching, together with such a choice of the general movements as judicious treatment would seem to demand.

In leg, as in arm massage, pains are to be taken to follow the general contour of the bones, and to pursue, moreover, the course of the great vessels adjacent to, or which lie along the inner border of the extensors. In all treatments of muscular areas the business of the masseur is to lift and stretch every muscle, especial care being taken to pull the muscular masses away from the bones on every side. But since the muscular structures of the thigh are often so massive in adults, particularly in stout persons, they are less conveniently grasped and individualized than where the parts are more easily surrounded by the hands. In cases such as this, pushing and rolling movements, always reversed, must to some extent take the place of the pulling, lifting and stretching movements.

Massage of the hips is applied with the patient lying on the side or face, the entire general treatment being managed so that the turning of the patient shall occur as few times as possible. Centripetal and circular fric-

\* See my article on "Abdominal and Pelvic Massage." November issue of THE TRAINED NURSE, 1903.



tion, palmar kneading, petrissage and percussion, more or less in alternation, constitutes the usage here, together with nerve compression along the sacro-iliac synchondrosis, and over the sciatic nerve.

In massage of the chest, the first care of the masseur is directed to the proper breathing of the patient. Deep breathing, involving the

The procedure otherwise includes light centripetal friction, the fulling movement with palmar kneading, and various forms of percussion, such as hacking, tapping and spatting, with beating and clapping, also, when the patient is fleshy.

The massage of the back is administered with the patient lying upon the face, with



WING-HOOK-ARCH-LYING, ABDUCTION AND ADDUCTION OF LEGS

(A powerful movement to the muscles of the pelvis and thigh; its effect is derivative, especially from the organs of the abdomen)  
Original photograph taken at the Pennsylvania Orthopedic Institute, Philadelphia, Pa.

inspiratory lifting of the abdominal contents is to be taught the patient, and meanwhile, the proper mode of chest and waist expansion. It goes without saying that few women are accustomed to the expansion of the lower part of the chest. Of course, inspirations, especially, should be made through the nose, the respirations being deep and slow. In a complete massage of the chest there are certain assistive and resistive movements employed both in inspiration and expiration.

forehead resting upon the crossed hands; the elbows should be so raised as to allow the utmost spread of the scapulæ, and a pillow should be placed under the abdomen that the back may be made as level and straight as possible, and meanwhile to relax the muscles of the same.

From sixteen to twenty movements are employed in the massage of the back and shoulders. These, as usual, begin with centripetal effleurage to be followed by fulling

movements upon the neck, shoulders, sides and loins. Next is deep kneading of shoulders with thumbs directly over the cervical vertebræ, rolling of the muscles against the scapulæ, digital kneading, following the ribs, and then palmar kneading up and down the spine, and upon either side, followed by frictional rubbing along each side of the spine, with first an ironing and next a straddling movement. The procedure involves, also, the picking and lifting the tissues from the ribs, the digital kneading of the recti muscles, and with both hands the palmar kneading of the gluteal muscles of the hips. The treatment is concluded with nerve compression and spine stretching, percussion along the spine and over the sacrum, and a final effleurage of the whole back.

Other special regions, sometimes but not always included in our general treatments, are the stomach and liver, both of which, when indicated, are among the highly important regions for the application of massage.

First, in cases of prolapsed stomach, the business of the masseur is to restore the organ to its normal position; second, where necessary to empty the stomach mechanically; and third, to render the dual service of aiding digestion by the direct stimulation of both the motor and glandular activities.

The most approved procedures required for the accomplishment of these desirable ends are selected carefully, first, from the petrissage movements, such as deep kneading, fist kneading, and firm pressure, to be afterward followed by certain lifting movements, and these finally by various forms of vibration and percussion. Where the motive is to aid digestion, this procedure is assisted by deep breathing exercises, and inspiratory resistance and compression. The last movement supplies one of the most efficient means of suppressing both hiccough and vomiting.

The massage of the liver embraces a very wide field of usefulness. We have already seen that the influence of massage upon

elimination is marked in a high degree. By encouraging oxidation it sets waste matters free, and by encouraging cell exchanges these waste matters are poured from the tissues into the blood and lymph currents; by encouraging the circulation, the flow of the venous blood and lymph is promoted, until the waste products are finally brought in contact with the organs devoted to their expulsion from the body.

Now, we well know the importance of the liver as an eliminative organ. We know that in this work it demands oxygen, that an increased amount of oxygen is absolutely brought into the blood by massage, and hence massage gives normal activity to the liver and promotes elimination.

So, too, the increased activity of the liver aids digestion, especially promoting blood formation and the fat making processes. Thus, torpid liver may not only be cured by movement, but such disorders, also, as chronic catarrhal jaundice and gallstones. Massage, in a word, is valuable when directly applied to the liver in all cases of impaired nutrition, as in chlorosis, anemia and emaciation.

In this connection it is interesting to refer to certain learned authorities:

"Winternitz pointed out, a year or two ago, the interesting fact that by the application of cold water to the surface in such a way as to secure vigorous reaction, the number of corpuscles could be immediately increased from twenty-five to fifty per cent. In one case an increase of more than 1,800,000 corpuscles was noted within half an hour after the administration of the cold bath.

"Winternitz also showed that exercise has a like effect, and Mitchell, of Philadelphia, has proven the same for massage. It is not to be supposed, as is remarked by Winternitz, that this sudden increase of blood corpuscles is due to a new reproduction of blood cells; the apparent increase in numbers is due to the sudden bringing into the circulation of a

great number of corpuscles which has previously been retained in the large vascular viscera of the interior of the body, especially the spleen and liver.

Quincke has noticed that the corpuscles accumulate in the capillaries of the liver and spleen in great numbers just before they are disintegrated, which naturally leads to the suggestion that the corpuscles set free by massage, and restored to usefulness by being brought into circulation, are at the same time rescued from destruction by the organs devoted to this work in the body, so that we have in massage not only a means of bringing useless cells into activity, but also of combating the anemia which in certain cases results from the excessive destruction of blood cells rather than from deficient production. The sudden bringing into the circulation of the blood of many extra square yards of blood corpuscles destined to pass through the lungs for the discharge of  $\text{CO}_2$  and the absorption of oxygen every twenty-two seconds, very clearly explains the wonderfully rejuvenating effects of massage and its powerful influence in aiding nutrition."

The treatment of the liver by massage calls into use many of the movements used for abdominal massage and to a certain extent the treatment of the abdomen itself, since whatever aids the portal circulation will assist the liver. The patient lies upon the left side and the movements, such as stroking, tapping, fulling, kneading, spitting and vibration are applied behind the organ as well as in front. Deep breathing and laughing exercises and inspiratory compression are all employed as required in this treatment.

Let us next consider an interesting and important department of massage as applied to a class of disorders to which Glenard, of France, has applied the term *enteroptosis*, or prolapse of the viscera of the abdomen.

Careful observation and study during the last ten years has convinced the medical fra-

ternity that displacement of the stomach, liver, colon, kidneys and spleen are responsible for a far greater number and range of symptoms than was formerly supposed, and that in women they have often been erroneously confounded with pelvic displacements, as I have named.

In treating for the replacement of the abdominal viscera, the patient is placed upon a couch, the head only is slightly elevated, the shoulders and back level, the knees well drawn up, thoroughly relaxing the abdominal wall. The abdominal cavity is first expanded as well as may be by the patient taking a succession of deep breaths.

Standing upon the right side, facing the patient's feet, the masseur places his hands, one on either groin, the ulnar borders of the hands describing the direction of Poupart's ligament. As the hands are now drawn slowly upward, their ulnar borders are pressed as deeply as possible into the pelvis, firmly grasping as much as may be of the abdominal contents, and thereupon drawing the same forcibly upward. This lifting movement is then alternated with rolling and shaking movements, to the end of the loosening up, so to speak, the abdominal contents, and preparing them to easily glide, in due time, into their normal places, the whole series of movements being repeated from four to six times each as indicated by the needs of the case.

Inspiratory and expiratory movements employed so advantageously in pelvic displacements are likewise useful in this class of cases.

This means of lifting and treating the abdominal contents, largely developed in the practise of Dr. Kellogg, is thus described: "The patient lying on the back, with hands at the side, is directed to take first, a full breath, breathing as deeply as possible, so as to relax the abdominal muscles as much as possible, then to completely empty the lungs. Then, instead of drawing in the breath as usual, the glottis is closed, and a strong inspiratory

effort is made without the admission of air. By this method the whole inspiratory force is used in lifting the abdominal contents. In this movement the patient should be made to expand the chest, both the upper and lower parts, as much as possible, as it is desired to suppress the action of the diaphragm so far as can be done voluntarily, while bringing into most active play those muscles of inspiration which act upon the ribs. This not only produces a powerful upward draft upon the abdominal contents, but at the same time enlarges the waist and makes room for the viscera, so that their ascent is facilitated.

At the same time that the patient executes inspiratory lifting, the abdominal contents should be lifted from below with the hands, as directed above. The patient should not be allowed to refrain from breathing more than ten to fifteen seconds. During this time, however, from three to five vigorous inspiratory liftings may be made. Then the patient may be allowed to take a few ordinary respirations, and finally a deep inspiration, followed by a complete expiration and a renewal of the inspiratory lifting. Repeat with the patient in the knee chest position. This procedure is of special value in connection with pelvic massage."

These general procedures for the lifting and replacement of the abdominal viscera are, of course, supplemented by and alternated with certain local movements addressed to the particular organ whose replacement is sought, the technique of which need not be intruded here. It is a fact, however, that the displacement of one organ is nearly always associated with the displacement of another. Indeed, I believe it is literally true that displacement of the kidneys is invariably associated with that of the stomach and bowels.

I have already spoken of the achievements of Oertel in applying different forms of movement in the treatment of diseases of the heart. The rationale of such treatment must appeal to every observer. I have repeatedly men-

tioned that a direct effect of massage was to increase the flow of blood through the part, or parts, massaged. The vessels in the tissues and muscles are first emptied to make way for a fresh supply of blood. The physiological effects are the more rapid removal of waste matters, the augmentation of red corpuscles and a considerable increase of tissue respiration; in other words, the tissues are possessed of a greater avidity for oxygen; and lastly, the motion of the lymph stream is quickened like the rest. It goes without saying that the heart is bound to be benefited by such changes, and hence massage is of value in even cardiac diseases of that organ. The Schott method of administration, wherein massage is combined with certain resistive movements and baths, has produced some most gratifying results. A conspicuous motive in this treatment is to furnish patients with such muscular exercises as will promote healthy nutrition of the tissues, without at any time overtaxing the capabilities of the heart itself.\* I conclude with a report of a case of adiposis dolorosa, or Dercum's disease, which lately fell into my hands. Mrs. G—, housekeeper, 56, mother of eight children, five living, three dead, suffered as stated, was shown to the Philadelphia Neurological Society in the spring of 1902, and afterward referred by the Nervous Clinic of St. Joseph's Hospital to our institute for treatment by massage.

Referring to her previous history, she began getting stout at 33, but her bulk and weight have most rapidly increased during the last five to seven years, until great layers of fat accumulated on her arms, abdomen, hips and legs, which were highly painful on touch.

Her weight at the time of beginning treatment was 244 pounds; abdomen measurement, 52 inches; waist, 45½; thigh 36, fleshy part of upper arm, 20. After fifteen treatments the abdominal measurement remained

\* See my article on "The Nauheim Bath in Combination with the Schott System," February issue of THE TRAINED NURSE, 1904.

the same; waist 44, a reduction of  $1\frac{1}{2}$  inches; thigh, 28, a reduction of 8 inches; arms 18, a reduction of 2 inches. After twenty-two treatments, in all, the measurements were: abdomen 51, waist 44, thigh  $27\frac{1}{2}$  and arms 17, total weight 230, a reduction of 14 pounds.

Cases of the kind in question are to be treated with great care, since, as a rule, fat persons do not bear massage well. As in this very case, the tissues are apt to be sore and

painful, the patient complaining of lameness and lassitude. Then because of weak circulation, the tissues are easily bruised. Lastly, the manipulations may set free an uncertain amount of waste matter and imperfectly oxidized products, which, if the treatment is excessive, may occasion a kind of languor, or secondary fatigue, because of the disproportion between the lymph spaces and the freed waste materials, an undue amount of space being filled by subcutaneous tissue and fat.

## A Remarkable Case of Cerebro-Spinal Meningitis

Hattie M. Greaves

Graduate Sisters' Hospital, Buffalo, N. Y.

ON APRIL 24 last I was called to care for a boy eight years of age, who was ill with cerebro-spinal meningitis.

He had been sick four weeks previous to my arriving; the nurse who had the case was called away very suddenly.

Up to April 22, child complained of severe pain in head and back of neck, was very delirious at times and hard to manage. At 10 A. M. had a chill; another slight chill at 2 P. M.

About thirty minutes after chill, the child went into a deep stupor which lasted four hours. Temperature was  $103.4-5^{\circ}$ , pulse 140, resp. 32, gradually going down at midnight. Coming out of stupor, patient screamed with pain; was very restless and nervous; only voided eight ounces of urine in forty-eight hours.

Bromide and chloral were given, but had no effect. Morphine and atropine were given, and repeated if necessary.

When I arrived his condition was indeed serious. He was in a semi-conscious condition, extremities cold, left hand, foot and nails were very much discolored and were

quite limp; back of neck was very stiff; when medicine or nourishment was given, could not retain it.

Temperature  $101.2-5^{\circ}$ ; pulse 102; respirations 24.

Mustard paste was applied over kidneys, Crede-ointment applied to spine and nape of neck, and ice cap to head.

Orders were: Strych. gr. 1-60 (4 hrs.); morph. gr.  $\frac{1}{4}$ , atropine 1-150 (hypo.);  $\frac{3}{4}$  of tablet given, and, if restless and nervous,  $\frac{1}{2}$  tablet repeated 2 hours later. Whisky, one teaspoon (e. 2 hrs.). Prescription put up for kidneys: One teaspoon (e. 2 hrs.), lime water and milk, and plenty of water to drink.

The doctor on the case called two doctors in consultation, and after making an examination, gave very little hope of recovery, and the family were so informed.

8 p.m.,	24th,	Tem.	101.4-5,	Pulse	106,	Resp.	26
2 a.m.,	25th,	"	100,	"	92	"	24
5 "	"	"	99.3-5	"	88	"	22
8 "	"	"	100,	"	92	"	24
12 Noon,	"	"	100.2-5,	"	102	"	26

At 2.50 patient suddenly collapsed; unable to get pulse, extremities very cold and perfectly stiff. Whisky, strychnia, given by hypo. Heat applied to extremities. At 6 p.m. patient became very hysterical, and vomited considerable greenish fluid.

3 p.m., 25th, Tem. 96 1-5, Pulse 80, Resp. 20  
 6 " " " 97, " 80 " 20  
 8 " " " 90 3-5, " 78, " 20  
 12 M'dn't, " " 100 3-5, " 118, " 26

Color better, respiration more regular, pulse stronger, general condition better; slept 3 hours. When awake, appeared quite bright.

3 a.m., 26th, Tem. 99 4-5, Pulse 112, Resp. 26  
 8 " " " 97 1-5, " 90, " 24  
 12 Noon, " " 98 1-5, " 108, " 22  
 4 p.m., " " 99, " 118, " 26  
 8 " " " 98 4-5, " 120, " 24  
 12 M'dn't, " " 99 1-5, " 122, " 26

Patient talked quite rational early part of night; did not recognize any one by sight, but seemed to know them by their voice. At 10 p.m. was very fretful, complained of severe pain in head and back of neck.

4 a.m., 27th, Tem. 98 1-5, Pulse 118, Resp. 22  
 8 " " " 98 3-5, " 120, " 22  
 12 Noon, " " 100 " 126, " 24

Patient very restless, still vomiting; enema given at 12 with good result, kidneys acting nicely.

4 p.m., 27th, Tem. 100 3-5, Pulse 130, Resp. 26  
 8 " " " 98 4-5, " 126, " 24  
 12 M'dn't, " " 99, " 124, " 22

Very restless, talking constantly, at times shouting, wanting to get up; complained of severe pain in forehead and back of neck. Slept about 3 hours. From 2. Resp. shallow, pulse very weak.

4 a.m., 28th, Tem. 99 3-5, Pulse 126, Resp. 24  
 8 " " " 99 1-5, " 120, " 26  
 12 Noon, " " 98 4-5, " 116, " 28

Patient did not talk from 9 a.m.; slept greater part of time; when awake was fretful and nervous; took plenty of nourishment and retained it.

4 p.m., 28th, Tem. 101 3-5, Pulse 136, Resp. 30  
 8 " " " 100 3-5, " 128, " 28  
 12 M'dn't, " " 99, " 124, " 26

Very restless and nervous, slept very little; bromide and chloral given (e. 3 hrs.) followed with morphine gr.  $\frac{1}{2}$ , if still restless (hypo.).

4 a.m., 29th, Tem. 98 3-5, Pulse 120, Resp. 24  
 8 " " " 98 1-5, " 122, " 24  
 12 Noon, " " 98 3-5, " 118, " 28

Still restless, enema given with good result, retained medicine and nourishment. Resp. regular, pulse good.

3 p.m., 29th, Tem. 99 1-5, Pulse 128, Resp. 26  
 8 " " " 99 2-5, " 124, " 26  
 12 M'dn't, " " 100 3-5, " 128, " 30

Still restless and nervous, and vomiting; hot mustard foot bath given (e. 6 hrs.); quieted down after foot bath was given.

4 a.m., 30th, Tem. 100 3-5, Pulse 130, Resp. 32  
 8 " " " 99, " 124, " 26  
 12 Noon, " " 98 4-5, " 122, " 26

Rested quietly and retained nourishment. Resp. regular, pulse weak and thready. Morphine and atropine, bromide and chloral stopped entirely. Hot mustard foot baths continued (e. 8 hrs.).

4 p.m., 30th, Tem. 99 1-5, Pulse 124, Resp. 26  
 8 " " " 98 4-5, " 108, " 24  
 12 M'dn't, " " 98, " 100, " 20

At 1 a.m. patient went into deep stupor, very hard to rouse to give nourishment. At 2.30 was very cyanosed. Resp. regular and slow; pulse small and weak. Heat applied to extremities; strychn. gr.

1-60 (e. 3 hrs.) (hypo.); whisky, one teaspoonful (e. hr.).

3 a.m., May 1st, Tem. 97 3-5, Pulse 94, Resp. 20  
 6 " " " 98, " 104, " 26  
 8 " " " 98, " 100, " 28  
 12 Noon, " " 97 1-5, " 102, " 32

Patient continued in stupor till 1.10 p.m.; roused up, bit his finger nails, was very nervous, hiccupped several times, did not talk. Took nourishment with tube and retained it. At 2.15 went into semi-unconscious condition; once in a while would call out as though in pain.

3 p.m., May 1st, Tem. 98 2-5, Pulse 118, Resp. 30  
 6 " " " 98 2-5, " 120, " 30  
 8 " " " 98 4-5, " 118, " 26  
 12 M'dn't, " " 99, " 126, " 30

Patient sighs very much, and picks at the bed clothes considerable. At 2 a.m. he opened his eyes like one dazed, and watched every move made, turning his head from side to side; tried to talk, but seemed unable to do so.

4 a.m., 2d, Tem. 98 3-5, Pulse 124, Resp. 28  
 8 " " " 98 2-5, " 126, " 28  
 12 Noon, " " 98 4-5, " 128, " 20

Patient very nervous, tries to talk. After taking nourishment at 12.20 went into semi-conscious condition.

4 p.m., 2d, Tem. 100, Pulse 128, Resp. 30  
 8 " " " 100 4-5, " 132, " 30  
 12 M'dn't, " " 102, " 136, " 32

Still in semi-conscious condition, roused slightly when nourishment and when hypo. was given. Very feverish, skin hot and dry; at 12.15 warm sponge and cocoa butter rub given. Pulse rapid and small. Resp. shallow, but regular.

3 a.m., 3d, Tem. 101 3-5, Pulse 134, Resp. 32  
 8 " " " 100 1-5, " 128, " 26  
 12 Noon, " " 101 2-5, " 130, " 32

Patient went into deep stupor at 10 a.m. till 2.40 p.m.; could not rouse him; nourishment given with spoon between teeth; swallows well; chews plenty of ice each day.

4 p.m., 3d, Tem. 101 1-5, Pulse 136, Resp. 32  
 8 " " " 100, " 128, " 26  
 12 M'dn't, " " 99 3-5, " 126, " 30

Patient in semi-conscious condition; roused slightly when mustard foot baths are given; yawned once and sneezed once. Resp. regular; pulse small and wiry.

4 a.m., 4th, Tem. 100 4-5, Pulse 132, Resp. 30  
 8 " " " 98 2-5, " 124, " 30  
 12 Noon, " " 99 3-5, " 124, " 28

Patient went into deep stupor at 2 p.m.; did not rouse him when enema was given; nourishment given with spoon.

4 p.m., 4th, Tem. 99 3-5, Pulse 122, Resp. 28  
 8 " " " 100 2-5, " 130, " 32  
 12 M'dn't, " " 101 4-5, " 136, " 34

Roused slightly from stupor at 12.40 a.m. Vomited after taking medicine and could not retain nourishment. Involuntary defecation once during night; kidneys acting well. Resp. rapid and shallow; pulse rapid and thready.

4 a.m., 5th, Tem. 101 1-5, Pulse 138, Resp. 36  
 8 " " " 99 1-5, " 130, " 30  
 12 Noon, " " 98 3-5, " 120, " 28

Patient very weak, roused up when warm bath was given, then went into semi-conscious condition. Involuntary defecation during a.m. Went into

deep stupor at 2 p.m.; did not rouse when mustard foot bath was given at 5 p.m. Potass. iodide given (e. 4 hrs.).

4 p.m., 5th, Tem. 99 3-5, Pulse 124, Resp. 28  
8 " " " 99 4-5, " 120, " 30  
12 M'dn't, " " 99 3-5, " 124, " 32

Roused up from stupor at 10.45, did not talk, would shake his head yes or no; picked at the bed clothes considerable. Took nourishment from tube and retained it. Involuntary defecation.

4 a.m., 6th, Tem. 100, Pulse 126, Resp. 32  
8 " " " 98 4-5, " 128, " 32  
12 Noon, " " 98 2-5, " 122, " 28

In semi-conscious condition all day; roused up during mustard foot bath, and to take nourishment.

4 p.m., 6th, Tem. 99 1-5, Pulse 124, Resp. 30  
8 " " " 99 1-5, " 120, " 28  
12 M'dn't, " " 99, " 122, " 30

Vomited twice during night; would rouse slightly when vomiting; did not talk. Involuntary defecation during night. Resp. regular, pulse fairly good.

4 a.m., 7th, Tem. 98 3-5, Pulse 120, Resp. 30  
8 " " " 98 1-5, " 118, " 28  
12 Noon, " " 98 1-5, " 128, " 32

Went in deep stupor at 9.30 a.m.; could not rouse him; nourishment was given with spoon, but had difficulty in making patient swallow. Crede ointment taken off; mustard paste applied instead, to spine and nape of neck. Ice cap on only part of time.

4 p.m., 7th, Tem. 98 4-5, Pulse 134, Resp. 32  
8 " " " 98 3-5, " 126, " 30  
12 M'dn't, " " 98 1-5, " 130, " 32

Came out of stupor at 10 p.m.; spoke about ten or twelve words, put his hands above his head, then went in deep stupor again the rest of night. Mustard foot baths given (e. 6 hrs.), but did not rouse him.

4 a.m., 8th, Tem. 98 1-5, Pulse 134, Resp. 32  
8 " " " 98 3-5, " 136, " 32  
12 Noon, " " 98 2-5, " 132, " 30

Patient continued in stupor, did not rouse at all; tongue very much coated and considerable phlegm collects in back of throat, making it difficult to swallow.

4 p.m., 8th, Tem. 99, Pulse 136, Resp. 34  
8 " " " 99 1-5, " 134, " 32  
12 M'dn't, " " 99, " 130, " 32

Patient roused to semi-conscious condition, hicoughed several times; did not talk; took nourishment and retained it. Pulse rapid and thready; resp. shallow.

4 a.m., 9th, Tem. 99, Pulse 136, Resp. 34  
8 " " " 99 1-5, " 134, " 32  
12 Noon, " " 99, " 128, " 32

In deep stupor from 8 a.m.; hicoughed several times; nourishment retained all day.

4 p.m., 9th, Tem. 99 2-5, Pulse 128, Resp. 30  
8 " " " 99 1-5, " 130, " 28  
12 M'dn't, " " 99, " 134, " 36

Stayed in stupor all night. Resp. regular, rapid at times; pulse good.

4 a.m., 10th, Tem. 99, Pulse 130, Resp. 36  
8 " " " 98 2-5, " 126, " 32  
12 Noon, " " 99, " 128, " 34

Roused up at 8.30 a.m., kept his eyes open 30 minutes, did not talk, faintly nodded head when spoken to; went in deep stupor at 10 a.m. Vomited considerable phlegm at 2 p.m.; involuntary defecation at 4 p.m.; nothing roused patient.

4 p.m., 10th, Tem. 99 1-5, Pulse 124, Resp. 36  
8 " " " 99, " 130, " 32  
12 M'dn't, " " 99 1-5, " 134, " 32

Stayed in stupor during night; took nourishment with spoon, had some difficulty in swallowing; involuntary defecation during night.

4 a.m., 11th, Tem. 98 4-5, Pulse 130, Resp. 30  
8 " " " 98 3-5, " 122, " 28  
12 Noon, " " 98, " 120, " 30

Roused up at 8.10 a.m., kept his eyes open for one hour, did not talk; went into semi-conscious condition till 11 a.m.; from then into deep stupor for the rest of the day.

4 p.m., 11th, Tem. 99, Pulse 132, Resp. 30  
8 " " " 101, " 138, " 36  
12 M'dn't, " " 99 4-5, " 132, " 34

At 11.30 p.m., patient roused up from stupor, opened his eyes, moved hands and feet slightly, rolled head from side to side, did not talk. Resp. shallow and irregular; pulse rapid and thready.

4 a.m., 12th, Tem. 99 1-5, Pulse 128, Resp. 34  
8 " " " 99, " 130, " 30  
12 Noon, " " 99 1-5, " 126, " 32

In semi-conscious condition till 11.40 a.m. From 11.50 a.m. went into deep stupor; did not rouse when enema was given at 3 p.m. Circulation in left side not very good during a.m. Heat applied.

4 p.m., 12th, Tem. 100 2-5, Pulse 134, Resp. 32  
8 " " " 99 4-5, " 128, " 30  
12 M'dn't, " " 99, " 134, " 32

Stupor not quite so deep, moved hands slightly, did not talk. Took nourishment with tube and retained it. Resp. shallow; pulse rapid and weak.

4 a.m., 13th, Tem. 99, Pulse 130, Resp. 32  
8 " " " 98 3-5, " 128, " 30  
12 Noon, " " 99, " 132, " 34

At 8 a.m. patient opened his eyes for an hour, moved his hands slightly, did not talk, took nourishment with tube, and chewed ice. Went into deep stupor, nothing roused him.

4 p.m., 13th, Tem. 100 1-5, Pulse 132, Resp. 34  
8 " " " 99, " 130, " 32  
12 M'dn't, " " 101 2-5, " 138, " 36

At 1 a.m. patient's head and face was soaked with perspiration, body stayed hot and dry; stupor the same. Retained nourishment after midnight. Resp. regular; pulse weak and thready.

4 a.m., 14th, Tem. 100 4-5, Pulse 136, Resp. 34  
8 " " " 99 1-5, " 128, " 30  
12 Noon, " " 98 1-5, " 124, " 32

In semi-conscious condition from 8 a.m. till 3 p.m.; from 3 p.m. went into deep stupor.

4 p.m., 14th, Tem. 99, Pulse 128, Resp. 34  
8 " " " 98 4-5, " 130, " 34  
12 M'dn't, " " 101, " 138, " 36

Patient still in deep stupor, nourishment given with spoon, had some difficulty in swallowing, was troubled with phlegm collected in back of throat, would try to cough, but was too weak.

4 a.m., 15th, Tem. 100 2-5, Pulse 136, Resp. 38  
8 " " " 100, " 138, " 36  
12 Noon, " " 98 4-5, " 130, " 32

Patient in semi-conscious condition from 9 a.m. to 3 p.m.; did not talk, or open his eyes. Resp. rapid and shallow; pulse rapid and thready.

4 p.m., 15th, Tem. 98 3-5, Pulse 126, Resp. 30  
8 " " " 99 4-5, " 132, " 34  
12 M'dn't, " " 99 4-5, " 146, " 42

Patient very much choked up, somewhat relieved

after mustard foot bath was given at midnight. Stupor not quite so deep.

At 1.30 a.m. patient was taken suddenly worse, loud rattling in throat, eyes were wide open and pupils widely dilated, and moved from side to side rapidly; in a few minutes closed; when opened again pupils responded very quickly to light.

Breathing very shallow and labored, pulse irregular and weaker. Patient very much cyanosed.

Whisky, strychnine, digitaline, nitro-glycerin given by hypo, in succession. Whisky and salt sol. (per rectum), (e. 3 hrs.). Heat applied to extremities. The physician stayed with patient for five hours; before leaving told the family there was no hope for recovery.

At 6 a.m. patient began to respond to stimulation; color changed; character of pulse better, breathing very labored and rapid, and very shallow. Mustard paste applied to chest, both sides, and to spine.

Stimulation continued by hypo. (e. hr.) during day; nourishment (per rectum).

8 a.m., 16th, Tem. 99.4-5, Pulse 150, Resp. 68  
12 Noon, " " 101.2-5, " 160, " 66

Patient came out of deep stupor and became unconscious; would chew all the ice given him; unable to swallow any nourishment.

4 p.m., 16th, Tem. 101.4-5, Pulse 164, Resp. 72

Child suddenly worse again 4.20 p.m., apparently dying; raised his hands and moaned, wanting to be raised up. Very much cyanosed, extremities very cold, breathing very labored and rapid. Could not get pulse. At 6 p.m. pulse came up, color changed; resp. very rapid and shallow, but more regular. Chewed plenty of ice.

8 p.m., 16th, Tem. 102.1-5, Pulse 166, Resp. 70  
12 M'dn't, " " 103.2-5, " 164, " 72

Patient still unconscious, perspired freely; took nourishment with spoon, had no difficulty in swallowing. Breathing very rapid and labored; pulse rapid and very weak.

4 a.m., 17th, Tem. 101, Pulse 160, Resp. 64  
8 " " " 99.3-5, " 158, " 60

12 Noon, " " 100.3-5, " 162, " 74

Antiphlogistine jacket applied; mustard foot bath given (e. 6 hrs.). Coughed considerable during a.m.

4 p.m., 17th, Tem. 101, Pulse 164, Resp. 80

6 " " " 101.4-5, " 166, " 82

8 " " " 102, " 166, " 76

12 M'dn't, " " 103, " 170, " 84

Child still unconscious; at 9 p.m. child just stiffened out, opened eyes wide, pupils widely dilated, face very pale with a pinched, bluish look around mouth. Stimulation given every hour, as before mentioned. Breathing very rapid and shallow; pulse weaker. Almost choking at times, too weak to cough. Cough mixture given every hour.

4 a.m., 18th, Tem. 102, Pulse 164, Resp. 80

8 " " " 100.3-5, " 168, " 84

12 Noon, " " 102, " 158, " 80

After 8 a.m. parents had the doctor stop all stimulation; did not want to keep the child suffering any longer, as there was no possible chance of saving him. Had another attack, same as during night. Involuntary defecation, kidneys acting well. Resp. not below 78, and at times were 84 and 86.

4 p.m., 18th, Tem. 102.1-5, Pulse 156, Resp. 80

8 " " " 101.4-5, " 160, " 80

12 M'dn't, " " 104, " 168, " 86

Patient still unconscious and very weak; face very hot and flushed all night; was very restless at times; cough very loose, but too weak to cough up. Cough mixture every hour. Hot mustard foot bath (e. 6 hrs.). Breathing very rapid and labored, and very shallow; pulse weak and rapid.

4 a.m., 19th, Tem. 101.2-5, Pulse 166, Resp. 82

8 " " " 102.3-5, " 164, " 82

12 Noon, " " 102, " 160, " 74

Patient still unconscious, breathing not quite so rapid and labored; cough very loose, but too weak to cough up. Took nourishment with spoon and retained it. Could swallow the grape juice and bovine better than milk.

4 p.m., 19th, Tem. 101.4-5, Pulse 158, Resp. 74

8 " " " 102.3-5, " 150, " 72

12 M'dn't, " " 101.4-5, " 152, " 74

Child very much distressed, at times almost choking, too weak to cough, perspired freely after mustard foot bath, and seemed somewhat relieved. Resp. down, but very shallow; pulse very weak.

3 a.m., 20th, Tem. 103, Pulse 166, Resp. 84

6 " " " 102.1-5, " 166, " 84

8 " " " 102.3-5, " 168, " 86

At 5 a.m. patient's lungs began to fill up; great difficulty in swallowing, but could chew all the ice given him. Antiphlogistine changed. Flaxseed poultice applied to chest and back.

At 8.30 a.m. child was sinking, extremities very cold, face pale with pinched bluish look around mouth; hands, feet and nails black; unable to swallow. Involuntary defecations every few minutes.

At 9.15 a.m. sinking rapidly. At 9.30 a.m. patient died. Child never came to to recognize any one, or to talk, before dying.

The doctors on this case thought it a very remarkable one for many reasons.

The child was very delirious at times in the fore part of the disease, after the fourth week he went into a semi-conscious condition for three weeks, and for nearly two weeks was in a deep stupor.

He would move his hands once in a while; if spoken to would nod his head yes or no, though he could not talk the latter part of the time, he seemed to understand what was said to him. He would put out his tongue. Took plenty of nourishment, and it was well digested. For a few days after becoming semi-conscious, kidneys did not act, but after taking medicine for a few days, were all right.

It was one of the most peculiar cases of cerebro-spinal meningitis I ever saw; it seemed to baffle science.

His temperature chart makes a very pretty one to look at, and worth keeping. It



hardly seems possible for any one to live for nearly a week with respirations from 72 to 86.

The doctors said there was no possible chance for recovery, yet it seemed "while there was life there was hope." I was sorry

when the parents had the doctor stop all stimulation. I shall always feel that life should be kept in the body as long as possible, at all costs, and I think others will feel the same.

## Questions from the First Year Examinations at the Mary Hitchcock Hospital, Hanover, N. H.

### PRACTICAL NURSING.

#### QUESTIONS.

1. (a) Give three methods by which a nurse may properly ventilate a room in a private house. (b) Name three kinds of baths and state for what purpose each is given.

2. (a) Name three disinfectant solutions used in this hospital and state the strength of each as most commonly used. (b) To fill a five-pint bottle with a 1-40 solution of carbolic acid, how many ounces of 95 per cent. carbolic would you use?

3. Name three kinds of enemata and state for what purpose each is given, and name the best kind of syringe to be used in giving each.

4. (a) In what position should a patient lie when given an enema? (b) A vaginal douche?

5. What is a counter-irritant? Explain its action.

6. Name three methods by which heat may be applied to the body externally.

7. Name the different methods by which medicines are taken into the system. By which of these methods is the effect most quickly obtained?

8. How would you prepare a patient for an abdominal operation and what would be the special points in the after care of such a patient?

9. What is a poison? Name a common

remedy for poisoning through the alimentary tract.

10. How would you prepare a patient for anesthesia? What points are to be noted in a patient's condition during the administration of an anesthetic?

11. (a) On admitting a patient to a ward, what special points should a nurse notice? (b) What are some of the signs of pregnancy?

12. Describe the preparation of a patient for delivery and the making of a labor bed.

13. What is abortion and treatment for same if threatened?

14. Into how many stages is labor divided?

#### ANSWERS.

1. (a) By opening two opposite windows; one window and fire in fire-place; raise the lower sash of a window six inches and place a board across the opening below. Beware of a draught. (b) Cleansing bath, to reduce fever, to induce perspiration, warm, cold and hot.

2. (a) Carbolic acid, 1-40 corrosive sublimate, 1-3000; formaldehyde, 2 per cent. (b) 2½ ounces.

3. Simple enema, fountain syringe; nutritive enema, rectal tube and funnel, or syringe; to relieve thirst, same as second.

4. (a) On left side with knees flexed, or knee-chest position. (b) Recumbent position, hips elevated.

5. The application of an irritating substance to one part of the body for the purpose

of relieving pain or inflammation in another part, usually beneath or adjacent to the irritated surface.

6. Hot water bags, hot flannels, salt bags.

7. By mouth, rectum, hypos, inhalation and inunction. Subcutaneously.

8. Twelve hours before the operation, the physician usually orders a cathartic; on the next morning the patient must take no breakfast but a little broth, and should receive a simple soapsuds enema. The day before the parts must be shaved, thoroughly scrubbed with green soap and water, washed off with water and finally sponged with a 1-4000 bichloride solution. A compress of sterile gauze wrung out of the warm bichloride is next put on, and held in place with an abdominal binder and perineal straps. For the first twenty-four hours watch the pulse, keep her quiet, look out for hemorrhage and allay the excessive thirst as much as possible. Nourishment by the mouth may not be ordered until next day. Attention should be paid to the action of the bowels, and amount of urine voided, if any. Catheterize if patient does not void within eight hours. Unless otherwise specified by the doctor, the diet should consist of liquids for six days. Make record of pulse and temperature and carefully report to physician the patient's condition.

9. A poison is a substance which when taken into the body in small quantities endangers or terminates life. An emetic—mustard and warm water.

10. No solids should be allowed for six hours previous, but light, easily digested food may be taken three hours before. No stimu-

lants should be given without orders. The clothing should be light and warm, loose about the neck and chest. The urine should be voided or the catheter passed. If there are false teeth, they should be removed. The hair neatly braided in two braids, if long. Vaseline should be applied to the nose and about the lips to prevent irritation. The pulse should be taken before starting. A constant watch should be kept upon the pulse, reflexed respiration and color of patient. To prevent the tongue from falling back into the throat, the lower jaw should be pushed forward and upward.

11. (a) Personal appearance as to facial expression, neatness, age, manners and language. During the first bath any peculiarity about the patient should be noted, and the presence of swellings, lumps, scars, sores or any kind of rash should be reported, with the temperature and pulse, at once to the head nurse. (b) Nausea, vomiting, enlargement and soreness of breasts, changes in size of abdomen, pulsation of fetal heart, general increase in tension in arterial system.

12. The patient should be prepared for delivery the same as for an operation. The bed should be made with four draw sheets, rubber, linen, rubber, linen. Newspapers or an old blanket serve instead of the rubber.

13. The expulsion of the embryo at any time during the first three months of pregnancy. Send for the doctor. Absolute rest in bed and avoidance of all mental excitement. In an emergency tampon the vagina.

14. Three: Dilatation of cervix, child delivered, placenta delivered.



## Testing of Clinical Thermometers

**U**NDER the provisions of an act of Congress, approved March 3, 1901, establishing a Bureau of Standards in connection with the Department of Commerce and Labor, this bureau was authorized to test clinical thermometers. The preliminary work has naturally covered considerable time, but the Bureau is now prepared to give to the public the nature and method of these tests. The clinical thermometer plays such an important part in the work of nurses that we think it will be of value to them to know something of the work of this Bureau.

"The testing of clinical thermometers, as carried on at present, consists of two parts—a preliminary examination for defects of construction, such as defective graduation, presence of cracks in the glass, air bubbles in bulb, too great effort required to throw back the index below 95° F., destructibility of index, etc. If a thermometer is defective in any of these respects, it is refused certification. If it successfully passes the preliminary examination, it is then compared at four different temperatures with the standard thermometers of this Bureau, in order to determine the magnitude of the corrections at these four points of the scale. This comparison is carried out at least twice at each temperature. The test points are 96° F., 100° F., 104° F., and 108° F."

"If the magnitude of the corrections at any of the four points tested exceeds 0.3° F. (or 0.15° C.), the thermometer is refused certification. The magnitude of these corrections is determined, as stated above, by taking the mean of at least two independent comparisons with the standards at each test point, and if in any of these experiments a thermometer fails to repeat its reading to within 0.15° F., it will fail to receive a certificate. Furthermore, the maximum error that may arise in the measurement of the temperature interval included between any

two consecutive test points must not exceed 0.3° F. (0.15° C.).\* These limits of allowable error have been placed somewhat high in order to give ample time for manufacturers to adapt their standards to the standard scale of temperature used by this Bureau. The Bureau of Standards reserves the right at any time to diminish the above limits of allowable error for certification, by giving due notice to manufacturers."

"Every thermometer submitted for test must have a clear space near the top of the stem, at least 2 cms. ( $\frac{3}{4}$  inch) long, suitable for engraving thereon the identification marks of the Bureau."

"It is of course well known that if thermometers are graduated immediately after being made up in the blast lamp, changes of considerable magnitude in their indications may occur with time. The amount of this change will depend upon the composition of the glass, the method of working the glass in the construction of the thermometer, and the time. With reference to the element of time, small changes in the volume of the bulb will take place for many years, but by far the greatest part of the change is found to occur in the first six months after the construction of the thermometer. One of the most important elements entering into the time change of thermometers is, of course, the chemical composition of the glass that is used. If any of the soft English or Thuringen glasses are used that for so many years were the glasses most commonly employed in the construction of thermometers, the time change is extended over a much longer interval before it becomes negligible and may amount to 1° F. or more. If, however, any of the well-known hard thermo-

\*For example, if the correction for a particular thermometer at the 96° point was +0.3° F., and at the 100° point -0.1°, the error in the value of the temperature interval would be 0.4° F., and the thermometer would fail to receive a certificate.

metric glasses are used, the changes in the indications of a thermometer after the first six months are practically negligible for the purpose of clinical thermometry."

"The custom has become very general in this country of making the bulbs of clinical thermometers of some of the hard glasses, and the stems of soft glass with white enamel backing. Inasmuch as the volume of the bulb is many times the volume of the stem, the changes in the glass of which the stem is made are entirely negligible, except in so far as they affect the constriction in the stem on which the index depends. The tests carried out by this Bureau seem to show that in some instances, however, thermometers are still made up 'green' and out of soft glass. If such thermometers are certified before being sufficiently 'seasoned,' the certificate becomes practically useless in a few months, and besides doing an injustice to the reliable manufacturer, it assists in perpetuating a false idea of accuracy and defeats the primary objects aimed at in certification, namely, an impartial guarantee, to the manufacturer and user alike, of the thorough re-

liability of the article. Consequently in order to protect the integrity of its seal, the Bureau of Standards has decided to issue certificates at an early date under two different conditions, viz., for thermometers that have been sent to us for test and of which we have no official knowledge as to the time that they have been seasoned, and secondly, for thermometers that have been placed under the official seal of this Bureau for a period at least six months preceding the date of test. Under whichever of these conditions a thermometer is submitted, the same form of certificate will be issued, and this certificate will contain the following statement:

"Unless this thermometer has been suitably aged before testing, its indications are liable to change with time. Where thermometers have been placed under the official seal of this Bureau for at least six months preceding date of test, the letter A is engraved on the stem immediately after the B. S. certification No."

It will be well for nurses to read carefully the above, and bear in mind these points when purchasing thermometers.

### In One Mail

"It is with pleasure that I renew my subscription. THE TRAINED NURSE has been a great help to me in a good many ways. I only wish I had known of it sooner. I will do all that I can to make it known to every nurse with whom I come in contact. Sincerely

"E. V. O., Danville, Ill."

"I am delighted with the magazine, and will try to get more subscribers.

"M. M., Buffalo, N. Y."

"I prize your nursing journal highly, and think it is the best of any I have read."

"Very respectfully,  
"F. H., Kansas City, Mo."

"I have been well pleased with THE TRAINED NURSE, especially the last year, I think it has been better than any previous year, and I am glad you promise to make it even better next. Wishing you success, I am, very truly,

"L. E. H., Dubuque, Iowa."

DEAR EDITOR: I see by the August number congratulations are in line. With the September number, you begin a new year—the seventeenth year—of THE TRAINED NURSE AND HOSPITAL REVIEW. We bespeak for the magazine long life and further prosperity, may it continue to bless the profession more and more. I have been a subscriber to THE TRAINED NURSE the greater part of these sixteen years, and expect to continue to be one.

AN OLD SUBSCRIBER.

# The Visiting Nurse

## Some Recollections of District Nursing in London

**L**ONDON has never seemed to me so cold as it did that winter of my first visit to England, and my initiation into the mysteries of district nursing.

It was a bleak day in January when I presented myself at the Training Home for District Nurses, where I had previously arranged for a six months' course of instruction in this branch of the profession. The lady superintendent gave me a cordial greeting and desired me to return in time for dinner at 7.30. I was practically to live in the Home, but the bedroom accommodation being insufficient at that time, the new recruits were provided with rooms at a boarding house in the neighboring square. And it was here on that memorable evening that I first met dear Mabyn A—, another district probationer, newly arrived from Scotland and at an even greater disadvantage than myself, for she had not seen the place of our future habitation, or had she had an interview with the superintendent. So I was her chaperon, perforce, conducting her through the dark streets and introducing her to the nursing staff, all equally strange to myself. The impressions of that first evening remain distinct on my mind from any feelings that I ever experienced afterward during my residence at the B. Home, which I can now look back upon with so much pleasure, and where I formed so many happy friendships. What a formal meal that dinner seemed to us, and how frigid the manners of the London nurses! After dinner we had to wait in the sitting-room until the superintendent's assistant was at liberty to provide us with the cloaks and bonnets, of which we were to have the loan during our month of probation. The other nurses, who had vanished (to give reports of their evening visits and to refill their bags for

the morning, as we afterward discovered), joined us one by one. Some stayed only to drink a cup of coffee, while others remained chatting or busily stitching. The cover of the grand piano, I observed, made a good cutting out table for pneumonia jackets. These were made of flannelette lined with sheet wadding or gray wool, as it is called here.

At last Miss C. appeared with an armful of uniforms. We were soon fitted in the neat blue straw bonnets, and also found ourselves enveloped and pronounced suited in the dark blue cloaks which had evidently seen good service. Very glad we were when the ordeal was over and we were free to speed away through the cold, unfamiliar streets to our quiet lodgings in Q. Square.

The advent of a maid with warm water, announced as "hot," disturbed my slumbers. It was already seven o'clock, and breakfast in B Square would be at 7.45. While still struggling to tie the muslin bonnet strings, to which I was quite unaccustomed, I was joined by my fellow probationer, in an equal panic of haste. There were other nurses occupying rooms in the boarding-house, but we two "foreigners" clung to each other, and soon became known to our fellow workers as "David and Jonathan." And now I have always to think or speak of that bonny, golden-haired Scotch girl as my "David."

We found the nurses resident at the home looking very fresh in their lavender blue dresses. There were about twelve of them, all graduates of various training schools.

After prayers and breakfast, the nurses, their cotton frocks protected by Holland sleeves and aprons, again donned their cloaks and bonnets and were all off to their morning

duties by 8.30 A. M. It was my lot to accompany Miss B. (known in the Home as "Energetic B."), a nurse whose bright, dark face had attracted us the previous evening. Her district lay beyond Q. Square and we were soon at the house of our first patient, an old lady of eighty, with a dislocated hip. After ringing the door bell, Miss B. walked in (the usual mode of entering, I discovered, excepting where the nurse was provided with a latch key). Rather a superior old dame this patient proved to be, though in very reduced circumstances.

The sound of the door bell was the signal to the landlady to bring in hot water, and I looked on while the old lady had her ablutions performed. A very few minutes it seemed before the little room was quite transformed, the patient looking so clean and comfortable, the few pieces of furniture arranged to the best advantage, and once more we were hastening off to the next case. The few visits following were in a very crowded locality, several of them being in those bewildering flats known as the Peabody Buildings; but how Miss B. could ever remember which block, staircase, landing or even door she wanted and avoid making lamentable intrusions where she was not wanted, was quite incomprehensible to me! We found ourselves in other tenements also—sometimes a cellar, sometimes an attic. If the old lady's room had been bare, these places were barren. The beds invariably were low but wide, as indeed they had need to be, for very often there was but the one resting place for the whole family, and this reminds me of one of the traditional tales of these nurses, one of whom is said to have found two families occupying one room, the canopy top of the old-fashioned "four-poster" providing part of the bedroom accommodation! The cases varied much. Men, women, or children suffering from pneumonia, rheumatism and a great many from tubercular disease. All seemed so grateful for the services of the nurse, and

whenever possible had made their humble preparations, knowing how much such small acts of forethought would save her time. But, in most instances, we had to make up fires, heat water, etc., for ourselves. One patient we found had been given a ticket for milk, but had no one to bring it to her. Miss B. (knowing the narrow streets) suggested running to the little shop for it herself, if I would make the poultice for the patient. So I had the satisfaction of exploring that all important bag—the inevitable companion of a district nurse—with its rows of tiny bottles and pots, writing pad, needle case and tow bag, all so neatly packed, while an outside pocket held the nurse's soap and hand towel. At each case brief reports for the doctor were written on papers provided by the institute and enclosed in a neat brown envelope, and in any case of febrile temperature, charts were also left, the temperature being recorded twice daily.

The morning seemed all too short for the work that had to be done. Our thirteenth visit found us in the neighborhood of famous "Bartholomew's." We could see the tombstones, near the old church. When, at the patient's request, we looked through her small window, and she (suffering from cancer, poor soul) dwelt on the privilege of having such a cheerful view.

I thought that hospital nursing had never exhausted me so much as that one morning's experience. I could not boast of having worked—and very precious were those "off duty" hours between lunch and four o'clock tea. By 4.30 P. M. the nurses had again started for their evening visits. The acute cases of the morning were again visited, of course, but I found that Miss B. had many others requiring less time, such as ulcerated legs. There were several bed-ridden old people, too, known as "washing cases." It seemed very strange to me that these patients should be bathed and have their beds made at night instead of in the morning,

though I now know well that they often prefer it.

But my mind that evening was almost entirely occupied in endeavoring to follow my guide. The ways had been dark and the corners confusing in the morning, but they were ten times more so at night. If Miss B. had been quick before, she was now a veritable "Mercury." The visits being of short

duration, she was in and out of the rooms almost before I had time to remove my cloak and replace it, and on level ground she seemed to be perpetually vanishing into space. However, we returned to B. Square at last, without disaster, and I shall never regret having been introduced to district nursing by such an enthusiastic person as "Energetic B."

### Army Nurses of the Civil War

The Army Nurses of the Civil War held their annual reunion at Boston, Mass., during the encampment of the veterans of the Grand Army of the Republic in that city, August 15 to 20.

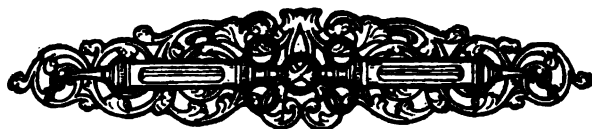
For the first time in history Memorial Hall, at the State House, was used for a reception, when members of the Massachusetts Army Nurses' Association and the National Association received their friends there. A dense crowd thronged the building and passed in line before the eighty veteran nurses, seated about the circular hall, stopping an instant to greet each one who in war time did such kindly service for the boys in blue. Miss Clara Barton was perhaps the most noted figure in this cordon of notable women. Next to her was seated Mrs. Addie L. Ballou, of California, president during the past year of the National Association, and called "the Little Matron." On Mrs. Ballou's right was Mrs. Fanny T. Hazen, of Cambridge, president-elect.

No attempt was made to decorate the rotunda, which would have detracted from its dignified appearance and the impressive effect of the ragged and worn historic battle flags encased in their permanent resting places. In the centre of the hall, upon a large round table, were piled masses

of the season's garden flowers which had been sent by Mrs. Thomas W. Lawson, who had learned of the desire of the flower committee, Miss Jennie G. Moseley, chairman, to present each of the old nurses with a bouquet, Miss Moseley and Mrs. L. T. Nutting distributing the flowers.

Mrs. Micah Dyer, chairman of the committee of arrangements, presided. On the arrival of Governor Bates she introduced him to the nurses, and he passed around the hall, giving each a kindly greeting. He was accompanied by Mrs. Bates and Lieutenant-Governor Guild, who escorted Mrs. M. E. Dinsmore. In attendance on the governor were Col. W. C. Capelle, Col. John Perrins, Jr., Col. E. J. Gihon and Major William M. Clark, of the staff. Following the official party came Dr. Laura A. C. Hughes and a party of Spanish-American War Nurses, one carrying a red cross flag from Camp Roger Wolcott, and with them were nurses from the Massachusetts General and City Hospitals and from the Charlestown High School.

Then came the crowd of men and women prominent in social, official and club life, with many veterans, whose greeting to the nurses was cordial and often pathetic.



# Department of Army Nursing

Dita H. Kinney

Superintendent Army Nurse Corps

"And the cry is, still they come." Sara Russ Bunker, Army Nurse Corps, was married early in June to Lieutenant Herbert Smith, Medical Department, U. S. Army. Mary L. Cashman was married in Manila June 15 to Mr. Charles Holloway. The engagement of Chief Nurse Eva Trenholm has been announced, and according to latest advices the marriage will occur at the expiration of her present leave of absence.

The following from a Manila paper is in the same line of news:

"The engagement of Miss Mattie Porter Pannill, a fair daughter of West Virginia, and a member of the Army Nurse Corps, stationed in Manila, and First Lieutenant William Lane Lowe, Thirteenth Cavalry, stationed at Fort Stotsenberg, has been announced. The wedding will take place at the home of Colonel Hatfield, Camp Stotsenberg, on August 3, and Miss Hatfield will be the maid of honor on that occasion. Mr. and Mrs. Lowe will leave on August 6 for Japan on their wedding trip. Upon their return they will make their home at Camp Stotsenberg where Lieutenant Lowe is stationed.

Miss Pannill is a daughter of Mr. and Mrs. J. W. Pannill, of Gentry, West Virginia, and a niece of Colonel John C. Worter, of Orange County, Va., who served during the late unpleasantness. Miss Pannill enjoys the regard of a large circle of friends in the capital city who will wish her every happiness. •

Lieutenant Lowe hails from the "Lone Star" State, and is deservedly popular with the officers of his regiment. He is daily receiving the congratulations of a host of friends.

Our heartiest felicitations, congratulations and good wishes to all the fair brides! There are several more weddings to follow in the very near future.

The nurses above referred to, having decided to make their services special instead of general, and to confine their good offices to *one* man instead of to many men, have necessarily been discharged from the Army Nurse Corps.

Their places have been filled by Miss Mary MacConachie, graduate of St. Joseph's Hospital, Chicago, class of 1898; Edith M. Spoor, graduate of Reading Hospital, Pa., class of 1901; and Frances Voss, graduate of St. Mary's Hospital, By-the-Lake, Milwaukee, Wisconsin, class of 1904. •

Other discharges in the month have been Ida Dora Lippert, formerly on duty at the General Hospital, Fort Bayard, New Mexico; and Mrs. Emma Louise Freiberg, from the Presidio, San Francisco.

Nurses Samantha C. Plumer and Emma Woods have been transferred from the General Hospital, San Francisco, to the General Hospital, Fort Bayard, New Mexico.

Chief Nurse B. Matilda Unger has been relieved from duty at Fort Bayard, New Mexico, and Chief Nurse Lena Luda Konkle ordered to duty in her place.

The transport *Logan*, which left San Francisco August 1, had on board Chief Nurse Lucile E. S. Flick, returning to the Philippines after a period of five months' change from that depleting climate.

The Army Nurse Corps has heard with regret of the serious illness of Colonel Charles Smart, Chief Surgeon, Philippines Division,



now *en route* to the United States. The meagre information furnished the Department by a cablegram announced that Colonel Smart had had a stroke of apoplexy and, while in a serious condition, would be transferred to the United States at the earliest possible moment. Colonel Smart is the ranking officer of the Medical Department after the Surgeon General, and in his long service (twenty years in the office of the Surgeon General) has won for himself, by his uniform courtesy and consideration of every one, the affection and respect of all those with whom he came in

contact. On his departure from the Surgeon General's Office those who had been working under him for many years presented him with a beautiful alligator skin traveling bag fully fitted with ebony and silver toilet articles. All of Colonel Smart's many friends are awaiting with eagerness and anxiety the arrival of the next transport, which will bring him to his own country. Colonel Richards, of the Medical Department, is also on the same transport, invalided home, having had an attack of true typhoid—a most unusual disease in the Philippines.

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### The Hokoku Women's Society of Japan

The following is a translation of a letter sent by the Hokoku Women's Society to Dr. Anita N. McGee and her nurses:

*"To Mrs. McGee and the American Nurses of the Red Cross Society.*

DEAR FRIENDS: The Hokoku Women's Society sends you greeting and wishes to express to you the profound gratitude of its members for your loving service in this hour of conflict. The originator of this society, a Christian woman, says that her inspiration came while reading of the offers of the Red Cross nurses, and the large sums of money raised in America to help Japan. If foreigners, men and women, were doing so much for Japan, it certainly was the duty of every patriotic Japanese woman to do her utmost to help the soldiers at the front and the families left behind. So thought this Christian woman. As a result of thinking and talking, Christian and non-Christian women have joined hands, and

while not able to contribute large sums, the Society has a membership of more than one thousand and has already in its two months' existence contributed and dispensed two hundred yen to the soldiers and their families in this immediate neighborhood. But we realize that this is but a drop in the bucket, and that our work is small compared with yours in coming to this land whose language and customs are new to you. Hence we wish again to express to you our great gratitude and pledge to you our constant sympathy and love. At the last meeting the directors voted you honorary members of the Society. With this will go the Society's badge to each of you. It is hoped that this may prove an interesting souvenir of your stay in Japan."

About June 1 Dr. McGee went for a tour of inspection of the hospitals on the Yalu River. The nurses are having wonderful experiences. All are taking turns at work on hospital ships.



# The Diet Kitchen

Mary Caldwell

## BEVERAGES.

On a hot summer day what is more acceptable than some nice cooling drink. The effect of all beverages and stimulants are far more pronounced when taken into an empty stomach, and fluids that are not sweet relieve thirst much sooner than sweetened beverages. Among the most acceptable drinks for relieving thirst are the effervescing carbonated waters and acid drinks made from fruit juices. Whatever the kind and for whatever cause the beverage is to be used, the greatest care in preparing it must be taken. The water must be pure, and if there is any cause to doubt its purity, it must be sterilized. If milk is used, it also must be without suspicion of impurity or adulteration, and whatever else is used should be of best quality. Fruit syrups added to carbonated waters and served on crushed ice are delicious. The syrups can be made in two ways: Either put sugar over the fruit and crush it and let it stand awhile and then strain, or add sugar to the fruit and cook it and strain. By the latter method the syrup will keep longer than by the first, but will not be so bright in color, nor will it taste quite like fresh fruit.

### LEMONADE NO. 1.

To half a cup of lemon juice add two cups of sugar, four cups of water, a quarter of the peel of one lemon in thin strips, and a pinch of salt. Stir well and serve.

### LEMONADE NO. 2 (EFFERVESCING).

Pare the rind from a lemon, thinly, and cut the lemon into slices; put the peel and slices of lemon into a pitcher, with two tablespoons of sugar, and pour over them one pint of boiling water; cover the pitcher closely and let it stand in the ice box until cold, then strain. The lemonade may be made effervescing by filling a tumbler half full and then adding a

quarter teaspoon of bicarbonate of soda. Stir and drink while it is effervescing.

### STRAWBERRYADE.

To one cup of strawberry juice add the juice of one lemon, one cup of sugar, a pinch of salt and four cups of water. Stir until the sugar has dissolved. Raspberry, blackberry or pineapple juice may be used instead of strawberry juice, or several kinds may be mixed together. They should be served ice cold.

### PINEAPPLEADE.

To one pineapple that has been pared and grated add the juice of four lemons and a syrup made of four cupfuls of sugar and two cupfuls of water. When cold, add four cupfuls of water; strain and serve ice cold.

### APPLE WATER.

Bake before the fire two or three medium sized sour apples until soft and richly browned. Put them in a warm pitcher or bowl, add a pinch of salt and a little sugar, if desired, mash and break them until the seeds are released from the cores, then pour a quart of boiling water over them. Cover the pitcher, let stand five minutes, then strain off the water. Apple water can be used either warm or cold.

A great variety of refreshing drinks may be made for invalids by pouring boiling water over crushed fruit, adding a dust of salt and sugar to taste, and stirring well together.

### BARLEY WATER.

Put into an earthen bowl one tablespoonful of barley flour, cover it with two quarts of boiling water, let it stand until it becomes cold, then add the juice of two lemons and half a cup of sugar; stir until the sugar is dissolved, then strain and serve very cold.

### CURRENT WATER.

Cook together one pint of currants, one

**quart** of water and quarter of a cup of sugar for five minutes. Strain and cool; serve on crushed ice and a slice of lemon.

#### RICE WATER.

Pick over and wash two tablespoons of rice; put it into a granite saucepan with a quart of boiling water, simmer it for two hours, when the rice should be softened and partially dissolved, then strain the liquid through a fine wire strainer into a bowl or pitcher, add a saltspoonful of salt; serve either warm or cold.

If the patient needs stimulants, two table-spoons of sherry may be added.

#### ICED TEA.

Fill a tumbler two thirds full of crushed ice, place on top of the ice two lumps of loaf sugar, and one thin slice of lemon, pour over all freshly made hot tea.

#### BLACK CURRANT CUP.

Pour over four teaspoons of a good mixture of tea (eight ounces Formosa Oolong, six ounces Ceylon, and two ounces English

Breakfast tea and the dried peel of one orange cut in bits), one quart of boiling water. Let it stand four minutes, then strain, add one cup of black currant juice and two table-spoons of sugar. Serve on crushed ice.

#### CLARET CUP.

To one pint of freshly made tea add one pint of claret, four tablespoons of sugar and one pint of good lemonade, the thin green rind of a cucumber, and one lemon sliced very thin. Half a cup of brandy or a pint of champagne. Pour over a block of ice in a punch bowl.

#### FRUIT CUP.

Make a syrup of one cup of sugar and two cups of water, boil five minutes, pour it over one cup each of pineapple, strawberries and raspberries, bananas, white grapes and maraschino cherries, six oranges and six lemons sliced. Add two quarts seltzer water. It is best poured over a large block of ice in a punch bowl.

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## Some Italian Recipes for Invalid Cooking

#### WHIPPED COFFEE JELLY.

Place one pint rich cream on the ice, while that is getting thoroughly chilled take one third box of gelatine. Pour over this a coffeecupful of strong and clear coffee seasoned with extract of vanilla. Thin orange peel can be used if a very delicate flavor is preferred. Stir until thoroughly dissolved and smooth, sweeten to taste and set by to cool. Whip the cream to a light froth with a Dover egg beater. It should double in quantity. Add very slowly, drop by drop, the coffee, pour into cups or molds which have been rinsed in ice water. Place upon

the ice and when stiff turn out and serve with sweetened cream. This is not troublesome to make if a little care is taken, and is very dainty and delicious.

#### HOT SHERRY EGG-NOGG.

Take the yolks of three eggs and add three tablespoonfuls of pulverized sugar. Beat until very light, add slowly, beating all the while, six egg shells full of sherry wine. Cook slowly until very thick. It has to be watched carefully or will curdle. Serve in wine glasses. This is nutritious and very good for convalescents.

# Editorially Speaking

## INFANT MORTALITY IN NEW YORK

The nurses employed by the Board of Health of New York have proved a strong factor in the fight to lessen the startling infant mortality of this year. While it has been impossible to avert the scourge, every means, medical and sanitary, has been employed by Dr. Darling to check it.

The corps of medical inspectors, doctors and nurses have been increased till it is almost twice as large as last year. Great vigilance has been exercised in the inspection of the milk supply. The force of inspectors has been doubled, and there has been a bacteriological inspection of the milk. It has also been insisted that milk dealers keep the temperature of the milk below fifty degrees.

Dr. Darling gives as one of the causes of the high death rate this summer, the heavy immigration of last year. That has brought into New York city not only a great number of persons whose manner of living and physical conditions predispose them to disease, but an ignorant class who have to be instructed in hygiene and sanitation. But he believes, above every other cause, the responsibility must be placed upon the unusual conditions of last winter. Measles, pneumonia, colds of varying kinds and degrees have left thousands of children with vitality so depleted that excessive heat, changes in the weather, carelessness or bad judgment in regard to food may make them an easy prey to summer diseases that, under favorable conditions, they would be able to resist.

St. John's Guild has done a great work in this emergency, but its resources are limited. Dr. Darling believes that the city should provide a place where babies could be taken to tide them over the dangers of summer.

Deaths from diarrheal diseases for the third week in July in the last four years:

July 20, 1901.....311

July 19, 1902.....42  
July 25, 1903.....23  
July 23, 1904.....56



## EDUCATIONAL REQUIREMENTS FOR NURSE

Considerable dissatisfaction has been expressed by the managers of hospital training schools for nurses throughout New York State, in regard to the rules and provisions for registration which it was understood had been adopted by the Board of Regents. Some managers feel that they cannot enroll their institutions if these provisions are to be enforced. One of the rules to which objection is made is that which requires an applicant to a training school, to show at least one year of high school education. It seems, however, on investigation, that this rule is only tentative.

The managers of Hahnemann Hospital, Rochester, are among those objecting to this provision, and Judge Sutherland, president of the board, who went to Albany to confer with the Regents on this matter, reports that this regulation has not been finally adopted, and is still open to discussion by the hospital boards of the State. The managers of Hahnemann Hospital made through the Rochester *Democrat and Chronicle* the following statement in support of their position.

"This rule seems to our managers to be unreasonable and unfair. Many of the most desirable nurses that are to be found never had the advantages of a high school course, nor the opportunity to take one. The managers believe that the personal qualities of sympathy, tact, patience, attentiveness to duty, and the ability to adapt one's self to the trying conditions found in homes where there is sickness, are of a far greater relative importance in an applicant for admission to a training school than mere book learning; and the high school test, if it is to be insisted upon,

will bar out many of the most desirable candidates and be a detriment rather than a help in the attainment of good results."

The *Times-Democrat and Chronicle* takes up the question editorially in a subsequent issue and warmly advocates the position taken by the Hahnemann managers. We quote in part:

"The high school rule is simply an expression of faddism. The assumption that there is something so sacred about high school training that nobody can be fitted for serious and responsible work in life without it is the rankest nonsense. In many ways our high schools are doing good work. In some respects they are doing poor work. But they are not now and never will be the sole sources of education for our people. There are citizens who never saw the inside of either a high school or a college, as students, who are as highly cultured as any graduates of those institutions. It is disgraceful and an outrage to set up a proscriptive test, like the rule condemned by the Hahnemann managers, for admission to a useful occupation, and so bar out many worthy people just as well adapted for the work as any who are in it."

It must not be supposed that the objection to a school standard for an applicant to a training school for nurses rests only with the laity. Some of the ablest women in the profession are of the same mind. It will be remembered that at the Congress of Nurses at Buffalo, those advocating the higher education for nurses went a step further than the high school, and wanted to make a college

education a necessary requirement for applicants to the training school. This called forth many dissenting voices, and Miss Agnes S. Brennan, of Bellevue, a short time after published a protest, in which she stated that she had given considerable time and attention to the subject of "the amount of education required in applicants." In looking up the educational advantages of the pupils in her own school, she found that twenty were college graduates, forty graduates of high schools, ten of normal schools, one of Notre Dame in Paris, four of private schools, seven of public schools, and one had private teachers. She also found that the college graduate did not stand any higher, or even as high as some of the public school graduates in either the written or oral examinations. Miss Brennan believes that the school at which a woman is educated is a matter of circumstance or advantage, and that it does not necessarily follow that because a woman has superior advantages that she has also superior brains or ability, or because she has spent so many years in a college that she is any better educated than a woman who has not.

The question of an educational standard is a very difficult one to determine. In no profession are women of refinement and education more needed than in that of nursing. Yet in making a school standard, we have the ever present danger of keeping out desirable candidates, women who would adorn the profession. After all is said, it is the amount of education the candidate has, not how or where she acquired it.

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### Correction

In the excellent article by Miss Tufts in the August issue, we regret to note two mistakes which we herewith correct. On page 82, the first, reading "A 40 per cent. solution is

most convenient for this purpose," etc., should read "A 4 per cent solution." The second, "This 40 per cent. solution mixes," etc., should read "This 4 per cent. solution."

# In the Nursing World

## Your Alumnae Association

The following excellent advice was given to the members of the Alumnae Association of the Medico-Chirurgical Hospital Training School for Nurses, by Dr. John H. Eagan:

Your organization is your fortress, for in it you naturally seek the shelter of its protection both from a kindred and a beneficent spirit. Here, after days and weeks of toil, you can meet those with whom you labored from the time of your probation to the day of your graduation, and like members of one grand family, feel that you are, for at least a few short hours, under the roof of that which is dear to every one—Home.

In your training you formed ties of love and friendship for your classmates, who shared the battles and hardships of the hospital wards. You naturally felt, when the hour of graduation came, that a bond of unity was broken and that, if nothing else prevented, perhaps you would part forever on the threshold of your Alma Mater, and go your several ways in the pursuit of your profession, soon to be forgotten, lost sight of, or mayhap in the course of several years get a letter or two from some member of your school telling of her success or failure: If successful, probably due to untiring efforts on her part because she possessed the natural ability to cope with the world if she were but given half a chance to show her training; if a failure, perhaps she needed the guiding hand of some one to whom she could speak her thoughts and receive the stimulus necessary to spur her on in her work.

With the organization of an alumnae association you have met these probabilities, and the nurse upon her graduation feels that she has at least one place she can go to and seek the advice of those who have preceded her in the professional world.

Your association, as I understand it, does not alone stand as a social body, but likewise it is beneficent and educational. This latter feature you did well to adopt, for the mind of the nurse, like every other mind, is never overstocked with knowledge, and to keep in touch with the times you have to discuss the various features of your profession.

Possibly some of you have never done duty within the walls of an hospital since the days of your training, while others again have never nursed a case in a private family, but continued

on in some form of institutional life—some of your numbers have knowledge of the requirement of army nursing, from an experience therein, while many of you have long since served with both physicians and nurses of other schools and gained much in this respect. In continuing this way I might also mention those of your number that have been placed in charge of training schools and in like manner profited.

Herein lies the secret of broadening your ideas, with an exchange of thoughts you lift up your minds and thereby elevate your profession. You do not become mere automatons, but actual aids to applicants for your services. Your days of study did not cease when you left the training school—seek to find knowledge and avoid ruts; read literature bearing on your work—invite physicians to lecture to you on subjects that you feel will improve your education, and ask nurses of experience from other training schools and hospitals to read papers and debate upon their merits. Keep well abreast with the latest improvements and requirements of your profession—see that the ever changing methods of hygiene, medicine and surgery, obstetrics and the numerous specialties do not escape your notice and that when you are called upon in your capacity of nurse to render aid in the sickroom or at the side of the operator's table you are fully prepared to do your duty as a trained nurse in the strict sense of the word. Neither should you fail to invite the masseur or the electro-therapeutist to your meetings, for they too can give you much food for thought.

All of these suggestions on my part have probably occurred to you, but nevertheless I feel that I am not talking idly when I recall them to you now. I am not unmindful of the peculiar position you are placed in through the many varying circumstances attending your calling, but since you can always manage to gather some of your members together for a meeting, the absent ones can soon learn of your transactions if strict records of the proceedings are kept, and in that way not be at loss through adherence to duty elsewhere.

These gatherings, especially when you invite the nurses of other schools, should be entirely informal and you should show to the best of your ability that their visit is appreciated. In this way you foster the good name of your school and

break down any thought of professional jealousy that may exist as to the particular merits of one school over another—to be truthful you promote a standard of professional courtesy in your own ranks.

Another feature bearing upon your alumnae has frequently passed through my mind, and that is to have the undergraduates attend some of your meetings, for in this way you soon become acquainted with those who sooner or later may wish to join you as graduates—then again some of these young ladies may have come from a distance, and having few friends, if any, in the city, can be guided by you. Your standing in a social or even a religious way may be of some help to them. Let them see that you feel a deep interest in the welfare of your Alma Mater and encourage them in a way that your maturity must prompt you to do. They will never forget a kindness, for when the time comes for you to cast aside your garb of nurse they will be there to take your place and perpetuate the good work of your association.

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#### Pennsylvania State Association

The opening meeting of the convention of the Pennsylvania State Association of Graduate Nurses met at Erie, July 20 and 21, in the Chamber of Commerce, and was possibly the most enthusiastic meeting ever held, being entered into with a keen spirit of interest by all present. Papers of marked merit were given and discussed. Much attention was given to a discussion of the proposed bill which will be introduced into the State legislature for the registering of all graduate trained nurses.

Miss Brobson, of Germantown, Pa., president of the State Association, opened the meeting. She introduced Rev. Mr. Benze, who offered prayer. An address of welcome was given Dr. Sillman, who spoke most enthusiastically and encouragingly of the value of the association and its help to the medical profession.

Wednesday evening Major Hardwick, chairman of the entertainment committee, gave the following address:

"I need speak only a few words at this time. First of all, let me thank you for the privilege and honor you have given me in inviting me to be present.

"I think the great word for our day is 'service.' Every true man and woman wants to be a force somewhere, and whatever we have, money, talent or influence, should be used in such a way as to help others. And if there is a class of persons, who more than any one else are giving their lives in

service to other people, I think all will agree with me, that it is the noble band of women who are devoting themselves to the care of the sick and injured, and making that tender ministry the profession and business of their lives. It is all the more worthy of praise because it does not offer ease or distinction or great reward, but calls for self denial and patience and skill equal almost to that of a physician.

"A trained nurse is one who carefully prepares herself to meet any demand that may be made upon her, however exacting that demand may be. She comes in contact with the home life when its skies are clouded and under the most tender and painful circumstances, and proves her value at such a time, and that she may better render the services needed, it is the object of this association to give her the benefit of careful instruction and training. I think we all find ourselves in hearty sympathy with this object of the Trained Nurses' Association, and I hope they may be successful, through the influence of their friends, in securing such legislation as may be needed to secure the most capable service from all to whom we intrust the care and precious lives of our sick.

"Nursing is a profession requiring a high degree of ability and training. It is a profession that is growing in its dignity and value in the minds of the people, and I hope everything that is needed for the good of the profession may be secured, since it means so much to the sick and whole community.

"We heartily wish for you every aid that is needed to make you more skilful in your noble life of service in behalf of your fellow beings."

In response to this address Miss Brobson, chairman of the State Association said:

"We are glad, indeed, to hold this, our third quarterly meeting, with our eastern members and friends, and we greatly appreciate the hearty welcome you have given us. We also hope to leave you very enthusiastic in the cause of registration.

"The purpose of this meeting is to interest you and to familiarize you with the great object for which we are working.

"Since our last meeting we have endeavored by means of a printed circular to present to every nurse in the State the reason why we have organized and the necessity for her co-operation. You will also hear at this meeting the article written for the journal by Miss Dock, which so thoroughly explains the necessity for this movement. And we hope you will all realize your responsibility. If success is to crown our efforts, we must

all work, work well and work together, putting all selfish interests aside work for that which will undoubtedly uphold the honor and dignity of our profession and be a safeguard to the public whom we serve.

"To the members here present we ask that you give calm and deliberate thought to the questions that will rise at this meeting, that your decisions be wisely given for the greatest number."

Following this was a paper on "The Power of the Press as an Aid to Registration," by Miss Duncan, of Pittsburg, Pa., which was a very able exposition and was listened to with close attention by all.

Miss Brooks, of Erie, read a paper prepared by Miss Dreuman, of Harrisburg Hospital, on the subject "Ethics of Nurses." It was a very comprehensive discussion and brought out many valuable suggestions.

The chairman of the membership committee reported favorably on 185 applications, after which Miss Payne, of Philadelphia, Pa., read a paper on "Registration," prepared by Miss Banfield, of the Polyclinic Hospital, Philadelphia.

Refreshments were served the nurses after adjournment, through the kindness of Mrs. W. C. Beers, and then all enjoyed a trolley ride.

An informal reception was tendered the nurses at night at the Chamber of Commerce. The hall was beautifully decorated and presented a cheerful appearance. A large crowd was in attendance and a delightful time experienced. Many of the leading citizens of Erie were present and each one entered with interest into the spirit of the function, making known their appreciation of the efforts of nurses in raising their profession to such a high standard. Several spoke briefly on subjects of interest, touching the purpose of the gathering.

Senator S. A. Sisson and Dr. E. F. Cranch, who have served on the State examining board for years, spoke on the proposed bill and gave it their support, as did Dr. F. A. Goeltz. Rev. J. C. Wilson and Rev. Father Cauley were also among the speakers. Both told of personal experiences and congratulated the nurses upon what they had accomplished for the good of mankind. During the evening vocal selections were rendered by the Gum Drop Quartette.

After the intellectual food had been devoured Miss Hinch, superintendent of the Training School at Hamot Hospital, and Mayor Hardwick led the way to the prettily decorated dining hall where the ladies of Sanford Chapel had prepared

a repast. A full orchestra discoursed music while a bounteous menu was being served.

The morning session of the second day was largely attended. A general discussion on the proposed bill was carried on and opinions were expressed freely. The routine matter of business was gotten out of the way and an adjournment was then taken. At one o'clock the nurses were guests of Mrs. C. H. Strong at luncheon at the Country Club. A delightful time was enjoyed by all. The convention was a most successful one in every respect and the ladies who were present from the various parts of the State will return to their homes full of fresh enthusiasm and courage.

The next meeting will be held in Philadelphia October 26, 27, 28, as guests of the Philadelphia County Nurses' Association.

This change of date seemed necessary, as those in charge of training schools felt that the third week would be the busier time.

Mrs. GEORGE O. LOEFFLER, chairman,  
Pub. and Press Committee.

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#### Graduate Nurses' Association of Connecticut

The regular quarterly meeting of the Graduate Nurses' State Association of Connecticut, will be held in the chapel connected with the Presbyterian Church, corner of State Street and Myrtle Avenue, Bridgeport, Conn., on September 14. The morning session will be called at 10.30 A. M. Second session at 2 P. M. An interesting and instructive program has been arranged. It is hoped all graduates nurses will make an effort to attend.

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#### Royal National Pension Fund

The following is an abstract from an account of the reception by the Queen to the nurses of the Royal National Pension Fund, taken from the *Hospital*, London, England:

"Next came in resplendent uniform the King's four Indian orderlies, under Captain McBarnett, D.S.O., and then, shortly after three o'clock, their Majesties entered the gardens from the door on the south side of the Palace. The King, wearing a gray frock coat, the Queen in a costume of pearl-gray *crepe de Chine*, with bolero, the Princess Victoria, Princess Mary of Wales and two of her brothers, and the Duke of Sparta, formed the royal party, the suite in attendance including Colonel Brocklehurst, C.B., Major-General Sir Stanley Clarke, Colonel Davidson, Colonel the Hon. H. Legge, General Sir Dighton Probyn, Lord Farquhar, Lieut.-Colonel Fred-



erick, Lord Kintore, the Hon. Charlotte Knollys, the Hon. Violet and the Hon. Dorothy Vivian, Lady Gosford, and the Hon. Sidney Greville. Directly the royal party reached the canopy Colonel Campbell gave the command—"Queen Alexandra's Nurses, Royal Salute," and the distribution of certificates began. It would not be easy to conceive a prettier sight than was presented during the march past. The background of stately timber, the lake on the right, the charming vista on the left, and the groups of nurses on the sloping lawn waiting to be presented, constituted a picture not likely to be forgotten by those who had the good fortune to behold it. The Queen, who stood the whole of the time in the centre of the red-carpeted space beneath the canopy, had on her left the Princess Victoria and her little grandchildren, who manifested the liveliest interest in the proceedings; and on her right Sir Henry Burdett and Mr. Dick, who handed the certificates to her. For each nurse to whom she handed the document her Majesty had a gracious bow and a kindly smile; and if the curtsy of the recipient sometimes seemed a little too perfunctory, it was always deeply respectful. Now and again Colonel Campbell, by gently moving his stick, checked those nurses who, in their ardent loyalty, wanted to be sure they did not keep Her Majesty waiting a second; but from first to last, there was no fault to be found with any one. When the certificates had all been duly presented, the ceremony was completed by the march past of the 300 nurses who had been prevented from attending the reception in 1901, and their salutations were also individually acknowledged by the Queen. So admirably had the nurses been coached, so adroitly did the commanding officer and his colleagues perform their labor of love, the entire function only occupied just over an hour."

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#### Spanish-American War Nurses

The fifth annual meeting of the Spanish-American War Nurses, postponed by request of Dr. Anita Newcomb McGee, will open at St. Louis, November 7, at 2 p. m. Meetings will be held in parlor of Inside Inn. Members please register before noon on that day.

Board may be reserved at Inside Inn as per circular. Those desiring board outside of grounds can consult Miss Eliza McKinley, 3943 Olive Street, St. Louis, who will welcome members when they register. Market Street car passes Union Station and goes direct to Fair Grounds gate nearest Inn.

The uniform informally discussed at New Haven and proposed in Dr. McGee's circular, has been postponed by order of Executive Committee for full discussion at St. Louis.

By order of First Vice-President.

REBECCA JACKSON, Cor. Secy.

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#### Buffalo Notes

The Buffalo Nurses' Association has had some delightful little social affairs during the summer for the members who have remained in town. In June Miss Theresa Mason and Miss Poole gave a most enjoyable card party at the club rooms. In July Dr. Jeanette Olivier Prescott gave the hospitality of her new home on Bryant Street, where a most enjoyable evening was spent, and in August Miss Nye entertained a company of nurses and other friends at St. James Place.

The program committee, Miss Helen Alt, Miss Mary Kennedy and Miss Blanche Anderson; and the social committee, Miss Amy Poole, Miss Louise Greenwood and Miss Mary Jayne Cole, are at work on the new program. It has been the general request of members to have something outside of a repetition of lectures that are more properly for the pupil nurse, and the program committee are endeavoring to meet this request by submitting something that will be instructive, entertaining and a little glimpse of something outside of nursing.

The many friends of Miss Snetsinger will grieve to hear of her continued illness at the Homeopathic Hospital. Her sterling qualities, her faithfulness, loyalty to the profession, and her gracious personality endeared Miss Snetsinger to Buffalo women, who will rejoice at her recovery to health.

The feature of the September meeting will be the reports of the foreign delegates, Misses Greenwood, Miss Cole and Miss Rothfuss.

The new addition to the nurses' home of the Buffalo General Hospital will be ready for occupancy in September, and now the Sisters of Charity Hospital is to have a new home for nurses.

Miss Adelaide Marsden has offered a prize to the member of the Nurses' Association who makes the most complete study of trees between now and next February. Tree day will be on February 5, when Miss Marsden will have on

hand a collection of leaves, and the nurse who makes the highest record in naming the tree to which each leaf belongs will be awarded a handsomely bound copy of James Whitcomb Riley's poems.

Miss Louise Greenwood, Miss Gertrude Greenwood, Miss Cole and Miss Rothfuss, who represented the Buffalo Nurses' Association at the Congress of Nurses in Berlin, have returned to Buffalo. After leaving Berlin the Buffalo nurses returned to London, where the Misses Greenwood visited for two weeks with relatives, Miss Cole and Miss Rothfuss going up to Scotland for a tour. During their stay in London the annual meeting of the Royal National Pension Fund Nurses was held. Queen Alexandra was present and gave a certificate to every new member which entitled the holder to the Alexandra Armlet, a red silk band with the letters A. A. Formerly the Queen pinned on the badge, but the society has increased so that this part of the ceremony was abandoned. The meeting was held at Buckingham Palace and was followed by a tea in the gardens. During the reception the Queen stood for two hours and greeted 1,200 nurses, old and new members.

Miss Margaret Lee, graduate of the Hospital of the Buffalo Sisters of Charity, has returned to the city after spending a two months' vacation in Ottawa, Canada.



#### Lancaster County (Pa.) Nurses

The Graduate Nurses' Association of Lancaster County, which was organized March 5, 1904; held its meeting in the library of the Y. M. C. A. building of Lancaster, Thursday, July 7. A very interesting article, entitled "The Progress of Nursing," was read by Miss Diffinbaugh.

This organization, like all others of its kind, has taken up the subject of registration. Great interest is manifested by all its members.

The officers for the ensuing year are: President, Miss A. K. Mueller; vice-president, Miss Wiggins; second vice-president, Miss Baeringer; secretary, Miss B. F. Miller; treasurer, Miss Ecet.



#### Metropolitan Training School

Many inquiries have been made in reference to the registration of the Metropolitan Training School, B. I., so that the following information will be of interest to its graduates:

Application was made for registration, and on February 19, word was received from the State

Board of Examiners, that the school could not be registered owing to the pupils not having experience in the care of children. The question was immediately taken up by the management, with the result that a Childrens' Ward was opened in the hospital on April 18, and the school was finally registered on May 20.

A general course of training is offered; length, three years. Preliminary instruction is given the probationers, classes being formed in October, January, April and July.

Experience in nursing consumptives is afforded if desired by the pupils. JANE M. PINDELL,

Superintendent Training School



#### Saint Louis Notes

The new nurses this month at the Baby Incubator, World's Fair, are Miss Busch and Miss Joyce, of Louisville, Ky., Miss Powers Miss Green, and Miss Johnson, of St. Louis, and Miss Fleming, of St. Joseph, Mo. The Misses Kelly, Kildow, Carfrae, Howard, Stewart, and Beeler, previously reported, are still on duty, with Miss Helen Kelly in charge.

The Baby Incubator Concession has about completed a baby ambulance, fitted up with an incubator. The ambulance is white, with the red cross, and is drawn by white horses, and has the right of way as any other ambulance. A doctor and nurse are to accompany the little patient. The incubator is one of the chief attractions at the Fair. There are at this writing, twenty babies.

Miss Morris, of St. Luke's, and Miss Napier, of the St. Louis Training School, are the hostesses this month at the nurses' rooms in the Fraternal Building, World's Fair.

So far there has been no change made in the nursing staff at the Emergency Hospital at the Fair.

Mrs. F. E. S. Smith, superintendent of the Training School for Nurses, Orange, N. J., has been a visitor at St. Louis during the month. While in the city, Mrs. Smith was the guest of Miss F. Shouse, superintendent of nurses at the Centenary Hospital. Mrs. Smith is now visiting friends at Pontiac, Ill.

Among the nurses visiting the Fair recently were Miss Mary R. Shaver, of Louisville, Ky., Miss A. Louise Dietrich, of Providence Hospital,

Texas; Miss Weller, of Missouri, superintendent of Hannibal Hospital; Miss Mabel Cockings, of Syracuse, New York. Miss Cockings was accompanied by her mother; after visiting in St. Louis they will spend some time with friends in Detroit. Miss Jessie White, of Houston, Tex.; Miss E. Johnson, Owensboro, Ky. Miss Johnson was accompanied by her friend, Miss Cruse.

The above-mentioned have all been guests of the McKinley Home while in the city.

Out-of-town nurses registered at the Fraternal Building during the month are: Miss McCormack, of Jefferson City, Mo.; Miss M. J. Louder, Paducah, Ky.; Miss Donnelly, Chicago, Ill.; Miss Quackenbush, Denver, Col.; Miss Webb, Memphis, Tenn.; Miss Janet Fisher, Indianapolis, Ind.; Miss N. Johnson, Louisville, Ky.; Miss I. C. Barnard, Rochester, N. Y.; Miss J. E. Petit, Portland, Ore.; Miss F. V. Fulton, Pittsburgh, Pa.; Miss M. L. Hokanson, Pittsburgh, Pa.; Miss F. H. Strickland, Philadelphia, Pa.; Mrs. R. Jackson, Shreveport, La.; Miss J. H. Blackson, Shreveport, La.; Miss A. Hand, Indianapolis, Ind.; Miss L. Caldwell, Indianapolis, Ind.; Miss Grace Blaine, Evanston, Ill.; Mrs. W. P. Bennett, Kansas City, Mo.; Miss S. S. Payne, Owensboro, Ky.; Miss L. A. Schiefel, Chicago, Ill.; Miss X. Chose, and Miss Z. Chose, Otsego, Mich.; Misses Shaver, Busch and Joyce, Louisville, Ky.; Miss Dietrich, El Paso, Tex.; Miss J. White, Houston, Tex.; Miss E. Johnson, Owensboro, Ky.

Miss Effa Wolfe, graduate of the Illinois Training School, of Chicago, Ill., recently returned from the Philippine Islands, spent a month visiting the Misses McKinley, at the McKinley Home. After a short visit to Springfield, Mo., she will spend the remainder of the summer at her home in Logan, Ohio. In the fall she expects to take up her work again at Oakland, Cal.

Miss Vida Strawn, of the McKinley Home, St. Louis, graduate of the Missouri Baptist Sanitarium, and Mr. Arthur Wooster, also of St. Louis, were married July 20, at Sigourney, Iowa, by the bride's father, Rev. C. H. Strawn, pastor of the First Christian Church. Mr. and Mrs. Wooster left on the evening train for an extended trip to the lakes of Wisconsin. They will make their home in St. Louis.

Miss Cooke, graduate of the Mayfield Sanita-

rium, St. Louis, has accepted the position as nurse in the Ozark Sanitarium at Hot Springs, Miss Otto, matron of the Ozark Sanitarium, was a recent visitor at the Fair.

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#### Personal

Anna M. Simonson resigned her position as superintendent of Binghamton City Hospital, to accept the position in Mt. Sinai Hospital, New York city, as first assistant superintendent of training school, her duties to begin September 1.

At a meeting of the Board of Managers of the Binghamton City Hospital, held on July 20, 1904, the following was offered by Manager Lawyer, and unanimously adopted by the board:

*Whereas*, Miss Anna M. Simonson has voluntarily relinquished the position of superintendent and matron of Binghamton City Hospital, which position she has most acceptably occupied for six and one half years, it is fitting that this Board should bear testimony of its appreciation of her worth, therefore be it

*Resolved*, That in severing our relations with Miss Simonson, this Board does so with feelings of genuine regret. That we are unanimous in one opinion as to her sterling worth and uniform courtesy, with which she has successfully managed the affairs of this institution, the success of which is largely due to her business tact and ability. Individually and collectively we wish her continued success in any undertaking which she may have in view.

WM. S. LAWYER, Secretary.

Mrs. Margaret Bryden, class of 1894, Mt. Sinai Training School, will succeed Miss Simonson as superintendent of Binghamton City Hospital.

Miss Sarah H. Smith, who has been superintendent of the West Side Hospital, Scranton, Pa., since it was first opened, has handed in her resignation to the board of directors. Miss Teresa Powderly, of Carbondale, who has been identified with the institution for several years, has also resigned. Both resignations have been accepted by the board of directors.

Miss Smith came to the West Side Hospital from the Jefferson Hospital, Philadelphia, on December 26, 1896. It is her intention to go to Atlantic City for a long rest, before again taking up her chosen work. Miss Powderly will devote her time to private practise in the future.

Miss Bertha Wilkinson, assistant superintendent at Finley Hospital, has been elected to the superintendency of the University Hospital and Training School at Iowa City.

Miss Wilkinson is a native of Chicago, and a graduate from St. Luke's Hospital of that city.

Her new position is one of great responsibility. The hospital is conducted by the State University and is generally considered one of the foremost in the State.

Miss Roanna Layton, graduate of Thrall Hospital, Middletown, N. Y., has resigned her position as head nurse of Highland Hospital, Matteawan, N. Y., and will spend the next two months at her home at Newton, N. J.

Miss Lester, matron of Port Chester Hospital, returned August 1 from a two months' vacation in Canada.

Miss Frances I. Wileroy has accepted the position of head nurse at the Methodist Hospital, Monterey, Mexico, and will conduct a training school for native nurses.

Miss Katherine O'Neill, of Poughkeepsie, having complied with the requirement of the New York State Board of Regents, according to the law referring to trained nurses, was registered in the County Clerk's office, she being the first nurse in this county to receive the title R. N.

Miss O'Neill is a graduate of St. Vincent's Training School for Nurses, New York city, and now holds the position of head nurse at Dr. Sadlier's private hospital in this city. We would also add that Miss O'Neill is convalescing from two operations, appendectomy and nephropexy.

Sister nurses, A. G. LAWLY,  
M. LECKIE.

The board of directors of the W. C. A. Hospital, Council Bluffs, Iowa, announce that Miss Jennie S. Cottle, chief nurse at the Minnequa Hospital, of the Colorado Fuel and Iron Company, Pueblo, Col., has been chosen superintendent of the W. C. A. Hospital. She will succeed Miss Madge E. Penny, whose resignation takes effect September 1. On that date Miss Penny will be united in marriage with George H. Carter, city editor of the Council Bluffs *Nonpareil*. Miss Penny has been superintendent of the W. C. A. Hospital for the last five years, and, in recognition of her excellent work, the board of directors of that institution have adopted resolutions highly commending her faithful service.

Miss Cottle, who is to succeed Miss Penny, is also well known throughout the State, having been superintendent of the new University Hospital at the University of Iowa from 1897 to 1900. She has also been in charge of hospitals at Philadelphia, Baltimore, Buffalo and Detroit.

Miss Ida M. Topping, superintendent of the Hudson City Hospital, Hudson, N. Y., paid a five days' visit to the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Philadelphia, to investigate the methods used and the instruction given at this institution, with the intention of arranging for a course of lectures to be given to the nurses at the hospital under her supervision.

Miss Jannette E. Larsen, superintendent of nurses of the City Hospital, Minneapolis, is spending her vacation with relatives at Lyle, Minn.

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#### Married

Mrs. W. O. Jones announces the marriage of her daughter, Nancy Louise House, to Dr. George Hardin Yenowine, on Monday, July 11, at Louisville, Ky. Mr. and Mrs. Yenowine will be at home after July 15, at Waddy, Ky.

#### Obituary

It is with much regret we announce the death of Miss Edith Forsyth, of Aurora, Ontario, Canada. She died June 11, 1904, at the House of Mercy Hospital, Springfield, Mass.

At a meeting of the executive committee of the Springfield Graduate's Association, the following resolutions were adopted:

*Whereas*, It has pleased our Heavenly Father to take her unto Himself, be it therefore

*Resolved*, That we extend to her family and friends our heartfelt sympathy.

*Resolved*, that a copy of these resolutions be forwarded to the family, THE TRAINED NURSE, and placed on the records of the association.

ANNA T. O'BRIEN,  
VIRGINIA E. FOULK,  
STELLA A. MICOTT.

We have just heard with deep regret of the death of Miss Rosina Marlow on August 1.

Miss Marlow served in the Army during the summer of '98, at Montauk Point, and her comrades would convey to her family their deep sympathy in their bereavement.

REBECCA JACKSON,  
Cor. Secy. S.-A. W. Nurses.

# The Editor's Letter-box

The Editor is not responsible for the views of contributors.

## When the Nurse Is the Patient

DEAR EDITOR: The title in itself implies the necessity of instruction upon the art and ethics of invalidism, to a class of individuals supposed to be thoroughly conversant with illness and all its idiosyncracies, a class of whom so much is required and with whom so few can fully sympathize.

The current criticism that sick doctors and nurses are more exacting than other patients is, I believe, greatly exaggerated.

The theory that loyalty to nurses means only loyalty (with a capital L) on the part of the unfortunate one toward the caretaker only, is largely at fault for many of the unkind criticisms which we hear all too frequently. Many instances may fully deserve the criticism, but why should more be required of a nurse than of other human beings who usually have been equally, if not more fully, educated in the school of "acting," and have the means with which to indulge in the luxury of "nerves" in combination with other illness.

Every invalid is self centred to some degree, and it requires masterly self-will to fully relax care of self and most of all the observation of symptoms. The busy brain will continue in the usual channels and only by supreme effort can it be relaxed from such a fixed habit as observation of symptoms, the one continuous routine of her life, and which becomes an integral part of her life and character.

She should by all means be, and I am happy to observe is, at the present time, as carefully and tenderly cared for as any other patient.

The individuality and education of each unfortunate victim of accident or disease largely governs their deportment in illness as in health, regardless of position or occupation, the accident of wealth or the absence of the same.

In no position is the esprit de corps of trained nurses, and application of tact, of so great importance as the one under consideration. It is here that it is so necessary for all parties to forgive and forget and work together in harmony.

The patient, "with patience and indulgent consideration" of the caretaker, as well as strictly "minding her own business" regarding other patients, if she finds herself associated with other invalids.

The simple observation of one of the tenets of

her profession, "blending herself with her environments." And if she so modifies her conduct it necessarily follows that she will require no more correction of deportment in sickness than in health.

Kindly allow a personal criticism by the writer, who has just experienced a long, severe illness.

I have met loyalty and, alas, disloyalty also. Disloyalty which left a sister ill in a country camp unattended, regardless of threatened death, and the loyalty of a stranger who responded through storm and darkness of night. And nothing will ever efface the grateful memory of the loving reception by our Alma Mater and of the anxious vigils and earnest effectual efforts to restore the writer to health.

I have but one suggestion to make, viz: *Loyalty always, everywhere, and by every member of the profession*, and if fully observed we will find no room for criticism.

POST-GRADUATE NURSE.

✿

## Successful Pneumonia Case

DEAR EDITOR: On the afternoon of April 19 last a young girl of twenty-one entered Morristown Memorial Hospital, had then been ill three days of pneumonia. Pulse 112, respiration 38, temperature 104°. Pulse feeble, face cyanosed. Arom. spts. of amo., 3ss given. Short, hard, dry cough, severe pain in left side of chest. Had two attacks of epistaxis. Temp. in evening: P. 116, R. 40, T. 105.8°; was quite restless, slightly delirious. Doctor ordered potassium nitrate, grs. v.c.; salaphen, grs. x, to be given q. 3 h; whisky, 3ii, q. 2 h., also before and after. Bath given if temperature rises above 105°.

At 9 P. M., P. 130, R. 38, T. 106.8°. Friction bath given. Temperature went down to 106.2°, twenty minutes after bath. Midnight, P. 123, R. 30, T. 105.8°. Still very restless.

Tuesday, April 20, 3 A. M., next morning, profuse attack of epistaxis and vomited nourishment. P. 116, R. 44, T. 105°.

4 A. M.—Refused nourishment.

6 A. M.—P. 102, R. 32, T. 101.6°. Patient more comfortable.

9 A. M.—P. 106, R. 30, T. 101.6°. Nauseated, medium-sized loose yellow stool. Slight menstrual flow.

12 NOON.—P. 112, R. 40, T. 103°. Severe pain

in right side, particularly when coughing. Expectoriating mucus streaked with blood. Face flushed.

3 P. M.—P. 116, R. 32, T. 104.8°

4.30 P. M.—Small formed yellow stool.

5 P. M.—Friction bath.

6 P. M.—P. 116, R. 34, T. 105°.

9 P. M.—P. 130, R. 34, T. 105.8°. Very restless. Olive oil bath given. Severe backache.

12 MIDNIGHT.—P. 118, R. 40, T. 104.4°. Slightly delirious.

April 21, 3 A. M.—P. 104, R. 34, T. 102.6°. Sleeping.

6 A. M.—P. 96, R. 32, T. 101.2°. No backache; continued pain in chest with a great deal of coughing. Expectoration still gray, streaked with blood.

9 A. M.—P. 106, R. 32, T. 101.2°.

12 NOON.—P. 116°, R. 34, T. 104.6°. Scanty brownish red flow from vagina. Nourishment taken in twenty-four hours, milk  $\mathfrak{J}$ xxxviii.

3 P. M.—P. 122, R. 36, T. 106.2°. Slight attack of epistaxis. Friction bath temperature, 90°–70°. Face cyanosed. Skin cold and clammy. Restless.

5 P. M.—P. 114, R. 40, T. 106.2°. Large yellow, semi-formed defecation. Doctor ordered solution adrenaline chloride, gtts xxx. q. 3 h.

7 P. M.—P. 116, R. 42, T. 105.2°. Friction bath temperature, 80°–65°.

Pulse feeble, face cyanosed.

9 P. M.—P. 130, R. 30, T. 105.2°. Friction bath.

12 MIDNIGHT.—P. 122, R. 52, T. 104.8°.

April 30, 1 A. M.—Refused nourishment.

3 A. M.—P. 116, R. 52, T. 104.6°. Slight dark red vaginal discharge. Delirious.

6 A. M.—P. 112, R. 42, T. 104°. Did not sleep during night.

9 A. M.—P. 114, R. 50, T. 104.4°. More comfortable. Black coffee,  $\mathfrak{J}$ iii given.

12 NOON.—P. 124, R. 48, T. 105°. Severe pain in chest.

3 P. M.—P. 114, R. 40, T. 104.8°.

5 P. M.—P. 116, R. 43, T. 105.5°. Friction bath followed by oil rub. Temperature 104.6°.

9 P. M.—P. 122, R. 43, T. 105.8°. Very restless and delirious. Small watery defecation. Took nourishment well during day.

12 MIDNIGHT.—P. 120, R. 42, T. 105°. Friction. Temperature bath, after which temperature came down 6°.

May 1, 3 A. M.—P. 118, R. 50, T. 104.6°. Delirious.

6 A. M.—P. 112, R. 46, T. 104°. Expectorations rusty color.

9 A. M.—P. 104, R. 38, T. 102°. Small fluid defecation. Face flushed.

12 NOON.—P. 108, R. 40, T. 102.4°.

3 P. M.—P. 100, R. 36, T. 103.8°. Resting more quietly.

6 P. M.—P. 102, R. 40, T. 102°.

9 P. M.—P. 98, R. 34, T. 101.4°.

12 MIDNIGHT.—P. 96, R. 43, T. 100.8°.

May 2, 3 A. M.—P. 83, R. 40, T. 99.8°.

6 A. M.—P. 90, R. 38, T. 99.2°. Slept fairly well during night, coughed very little. Refused nourishment.

Patient began to improve. Temperature and pulse remained normal, with slight variations. Strych., gr. 1–40, was given q. 4 h. instead of whisky. Patient was discharged from hospital, cured, May 23.

EDITH LETCHES,  
Undergraduate.

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### Exophthalmic Goitre

DEAR EDITOR: Enclosed is an account of a case which I hope will merit publication:

Not long since I was sent on an emergency case at some distance, and as the case is one not frequently met with in private practise thought it might be of interest to my fellow workers.

The case was one of mental derangement, subacute melancholia, caused by an exophthalmic goitre. The patient, a woman of fifty-two, had suffered with the goitre some eight years, with the primary cause, loss of fortune and poor health, but for the last two years the disease had made great progress; at that time her twin sister died, and it seems that the affinity that is said to exist between twins is proven. Mrs. H. was an eight months' twin, weighing 2½ pounds at birth, so she really did not have a very good start in life.

During a fit of despondency, patient tried to end her life by cutting her throat with a razor. gash 5½ inches long and severing the trachea above the glottis. Had it not been for the displacement of the blood vessels by the enlarged thyroid glands, patient would have expired before help arrived, as she was alone when she committed the deed, and it is only conjecture on our part how long she had laid there. It was certainly one of the most horrible sights I have seen. The hemorrhage was checked by adrenaline and wound made sterile. The trachea was closed with catgut, and the external gash with silkworm gut, seven stitches, wound dusted with aristol and dressed with sterile gauze. This operation was done without an anesthetic, owing to the condition of patient's heart. Stood operation well.

Temperature 99°, pulse 154, irregular and compressible, respiration 22, shallow.

The protrusion of eyeballs great, the eyelids not being able to cover the eye, which did not add to appearances. She was five feet, five inches in height, weighed eighty pounds, very anemic, nervous and suffered from insomnia. Temperature was normal the third day, but pulse never lower than 142 per minute, and frequently reaching 165. Owing to her condition and she also being a believer in Christian Science, but little medicine was given. Wound made good progress, was cleansed with peroxide of hydrogen and redressed with aristol daily. Patient could force liquids out of wound, and owing to moisture, a very small portion, some 1-16 of an inch, directly over the trachea, did not heal, although the rest of the cicatrix was perfect, healing in seven days without a stitch abscess. As insomnia was present, gave trional, gr. x-xx, s.o.s.

After operation appetite improved, rested well, stools and urine normal. Patient gained six pounds in three weeks, when it was decided to take her to a hospital for insane. Stood trip of 2½ hours very well, temperature 98.8°, pulse 150, respiration 21 when we arrived. Continued to improve steadily both mentally and physically, and was to be taken home at the end of the month, when without warning her pulse commenced to rise and all remedies failed to reduce it, and so she passed away, her poor heart refusing to beat more. At the last count, her pulse registered 198 per minute. She lived three months after her attempt at ending her life. Although she had all symptoms of a normal case of exophthalmic goitre, to me it was a case of great interest.

MARIE F. HUESTIS,

Graduate Waldheim, Oconomowoc, Wis.

✧

#### An Open Letter

DEAR NURSES: An old trained nurse from Bellevue Training School is imploring your help and sympathy.

I am for many years a Sister of Charity in France, devoting myself to the poor sick. Now I am old and since three years I cannot work any more, having contracted a complicated heart disease.

You know well by the newspapers how the French Government is driving the poor religious from their homes, taking everything from them, even their clothing.

The lot which awaits me is blackest misery;

once driven from my dear convent I shall have no place but the street to go to. I am without means, starvation lies before me. I have been asking help every where; but, in vain, for here in France every one has enough to do to give shelter to their own relations who are driven from their homes. I thought of you, knowing that you will not let perish one of yours.

Oh! do come to my rescue in making up a subscription for me, your most unfortunate fellow nurse, although unknown to most of you, for I am addressing myself to all the nurses of whatever school they may be.

May God touch your warm American hearts, so generous where misery is to be helped. Oh, don't refuse me. What will become of me if you turn your back on me?

Your very unhappy, THERESA HOPPE.

[The above letter has been forwarded to THE TRAINED NURSE, with a request that it may be published and a subscription started. The writer of the letter, Miss Hoppé, is a Bellevue graduate, class of 1881. After graduating, she went to France and joined a religious order that she might devote her life to caring for the sick poor. She is now over fifty years of age, and has for the past three years been incapacitated for work, owing to an organic heart trouble. As is stated in the letter, the French Government is turning the religious orders from their convents and confiscating their property; there will be thousands to provide for, and the Sisters of France believe that as Miss Hoppé is an American, Americans should provide for her.

Shortly after receiving the letter from Miss Hoppé, we received a letter from another Bellevue graduate asking that we would start a petition through THE TRAINED NURSE, hoping that at least some of the classmates of Miss Hoppé would feel inclined to help her. This nurse, Miss Esther Robertson, has headed the subscription with \$25, which has already been forwarded to Miss Hoppé. It is stated that Miss Hoppé has no relative to whom she can turn for help.]

✧

DEAR EDITOR: Will nurses located in climates suited to asthmatic and bronchial tendencies kindly communicate with me?

Sincerely yours,

ISOBEL BELL DRAFFIN.

22 Mann Avenue, Newport, R. I.

# Book Reviews

*Consumption, a Curable and Preventable Disease—What a Layman Should Know About It.* By Lawrence F. Flick, M.D., Founder of the Pennsylvania Society for the Prevention of Tuberculosis; President of the Free Hospital for Poor Consumptives of Pennsylvania; Medical Director of the Henry Phipps Institute for the Study, Treatment and Prevention of Tuberculosis. Price \$1.00, net.

In the crusade against tuberculosis which has within a few years been systematically pursued in this country, few names have been more frequently seen in both medical and lay journals than that of the author of this valuable little book. No better idea of the nature of the knowledge imparted by this book can be gained than from the author's preface: "Much unnecessary fear of the contagion of tuberculosis has been stirred up and the hardships of the consumptive poor have increased correspondingly. The public has been thrown into a panic, so that people turn out poor consumptives as a pariah, without regard to what shall become of him.

"All sense of propriety and responsibility seems to have been lost in the absurd fear. For the purpose of bringing about a better understanding of things and in the hope of setting matters somewhat to rights again, this little volume is offered to the public."

The disease and its prevention is considered in every conceivable phase, every care being taken to correct false notions and eradicate unfounded fear of the disease. The influence of colds, influenza, pneumonia, heredity, dissipation, want, climate, alcohol, overwork, etc., are all carefully considered as factors in the causation of tuberculosis. Chapters are devoted to the consideration of the workshop, the store, the office, the hotel and boarding-house, servants, schools, churches, public halls, conveyances and highways, as means of spreading the disease, and much practical advice is given upon the best means of defeating the possibility of contagion through these avenues. The various cures, as well as methods of prevention, are all given their true value, and in accordance with established facts.

The economic value of special hospitals, dispensaries and sanatoria are well emphasized, and the various ethical questions of marriage, infant breast-feeding, etc., among those known to be

tubercular, are judiciously and wisely set forth. The type and make-up of the book is clean and neat; the sentences are short and concise; the language plain and free from technicalities, all serving admirably to carry out the aim of the author in combating tuberculosis.

—

*The Doctor's Leisure Hour.* Charles Wells Moulton, General Editor. This is the first volume of "The Doctor's Recreation Series," which, when completed, will comprise a set of twelve volumes. In this volume the editor has gathered together an unusual number of witty and humorous sayings and stories. Every side of physics and of the physician comes in for its share of recognition. The apothecary, the oculist, the dentist, the chemist, and *Madame la Docteur*. Nor are the microbe, the quack and the Christian Scientist overlooked. Besides the great fund of bright and funny reading, there is much that is weighty and instructive. Good stories about famous doctors, Radcliffe, Mead, Fothergill, Littsom, Jenner, Hunter, Abernethy, not forgetting our own Holmes, as well as many others. The chapter dealing with country doctors will well repay the reading. The articles on quacks, dentists, apothecaries and on the fruits of vivisection are very instructive, and contain much information of an historic nature. There is one article to which the editor gives the name, "The Family," which is deserving of special mention. In this the relation between families and their physician, as expressed by the term *Family Physician*, is fully examined. The role played by the specialist, and the influence he has exerted in changing many of the relationships formerly existing between the family and the general practitioner, are both fairly pointed out. Valuable suggestions are offered upon the ethical bond which should exist between the specialist and the family physician, and ways and means are shown by which the interests of both and the welfare of the patient may be best subserved. The book is finely made, bound in two styles, cloth and half morocco. Prices \$2.50 and \$4.00, respectively. Physicians will find in this book much to amuse, relax and strengthen their tired brains.

—

*The Mothers' Manual; a Month by Month Guide for Young Mothers.* By Emelyn Lincoln Coolidge, M.D., Visiting Physician of the Out-



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Patient Department of the Babies' Hospital, New York; formerly House Physician of the Babies' Hospital, New York; Physician in charge of the Babies' Clinic, of the Society of the Lying-in Hospital of the City of New York. Illustrated. Small 12mo. Cloth. \$1.00 net.

In this little volume the author gives the results of her study and observation during her extensive practise at the Babies' Hospital. The information imparted is given in clear, short, concise manner, and covers the many questions of care of the baby which so often puzzles the young mother. In this respect it excels other books of its kind, but like most books with this object, namely, as a book of advice to young mothers on the care of their babies, it comes dangerously near the line dividing what is useful and what is dangerous advice. All the advice given is eminently useful and in accordance with established facts in medicine, but the safety of giving some of this in books such as the one before us may be honestly questioned. However, we doubt if there is a safer or more useful book in the market dealing with these questions. Surely, there is none embodying more common sense practical suggestions upon the care of babies and young children.

One of the most important medical works recently published is *Appleton's Medical Dictionary*. This is an illustrated dictionary of medicine and allied subjects of 2,000 pages in which are given the derivation, accentuation, and definition of terms used throughout the entire field of medical science. A scheme of pronunciation is given at the end of the volume which has been devised especially for its simplicity. The work is edited by Frank P. Foster, M.D. It is sold by subscription, half leather binding, \$10.00; also a thumb-indexed edition at \$11.00.

It is stated that this work is in no sense a compilation, but is the outcome of an extensive course of independent reading by the editor and his collaborators. We learn that in its preparation 1,424 standard works were consulted as well as numerous periodicals in English, French and German.

While the bulk of the work has been kept down to one volume there has been no attempt to save space by omitting necessary details from practical articles. Take, for instance, the anatomical articles, such as Artery and its Latin equivalent Arteria, Ligament and Ligamentum, Muscle and Musculus, some idea of the scope of these will be formed when we state that to Artery alone is given 25 pages and 24 illustrations. The articles

on fever and also those on operations are equally full and comprehensive. The pharmaceutical articles present all new remedies, proprietary as well as official, particular attention being given to the titles of drugs and preparations recognized in the United States, British and German pharmacopœias. The book is freely illustrated, and many of the inserted plates have been prepared especially for this work.

A feature of the book is the pronouncing list of proper names other than English which is found at the end of the volume. A list of abbreviations and a table of weights and measures is also given. This book will be found invaluable as a work of reference, and should have a place in every hospital and training school library. D. Appleton & Co., New York, publishers.

*Manual of Materia Medica and Pharmacy.* Specially designed for the use of practitioners and medical, pharmaceutical, dental, and veterinary students. By E. Stanton Muir, Ph.G., V.M.D. Instructor in Comparative Materia Medica and Pharmacy in the University of Pennsylvania. Third edition, revised and enlarged. Crown octavo, 192 pages, interleaved throughout. Bound in extra cloth, \$2.00 net.

In this work the author gives to the practitioner and the student of medicine the valuable points of materia medica and pharmacy without the lengthy details usually given in text-books. This is given without the sacrifice of any of the essentials. Many old and obsolete drugs are omitted, and a judicious preference is given to those newer drugs and preparations which have proved of value. The arrangement of the drugs in alphabetical order greatly obviates the confusion usually experienced in using books on this branch of medicine. The book is divided into three parts. The first is a synopsis of the terms frequently used in botany and pharmacy. Part II is devoted to the consideration of the individual drugs, especial attention being given to those uses of the drugs and their preparations which are most useful in practise. All superfluous matter has been eliminated and a wise choice made in the importance given to each subject retained.

Part III, devoted to pharmacy, gives the student a familiarity with the various processes used in pharmaceutical work, and the different preparations employed in practise, knowledge most essential for practical work.

Although both systems are given, a preference is shown for the metric system.

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# The Hospital Review

**Great interest** is manifested in the proposed hospital for the treatment of cancer which is to be established at Philadelphia, Pa. In a plea for the need of an hospital for the treatment of cancer, it is cited that the annual death rate from this disease has doubled within the last forty years and that, at present, there are 11,300 cases in the State of Pennsylvania.

The institution is to be known as the American Oncologic Hospital. Patients suffering from cancer will be accepted from all parts of the continent. The hospital committee issued the following statement:

"During the year 1870 there were 999 deaths from cancer in the combined populations of seven of the largest American cities; during 1898, but twenty-eight years later, the deaths from cancer in these cities numbered 4,273.

"Taking up the question as it relates to Philadelphia and Pennsylvania, the report of the Philadelphia Bureau of Health gives the number of cancer deaths in this city in 1903 as 966—only thirty-three less cases than died of cancer in all of the seven largest American cities in 1870. To put it succinctly, nearly a thousand persons died of this disease last year in Philadelphia, or about 18 per week.

"The same conservative method of calculation shows that there are about 11,302 cases at the present time in the State of Pennsylvania.

"The medical profession has recently been aroused into renewed interest concerning malignant affections by cumulative proof that they are not hereditary, but, on the contrary, arise as a purely local affection at first, of probable germ origin, and that in this early stage they are capable of being cured by a recently discovered method of electric sterilization with the electrolytic salts of mercury; by Roentgen rays; by the emanations of radium; by the knife, or by some methods as yet undiscovered, in accordance with the particular necessities of each case.

"Such a hospital established at once on a small scale would require but a moderate sum for its running expenses, in spite of the costly nature of the treatment, and would unquestionably result in the saving of many lives while the larger institution to follow is being planned and built.

"Means for defraying the necessary expenses in opening the hospital and taking preliminary steps for the establishment of the hospital are

earnestly requested. Checks or donations may be sent to Richard Cadbury, Provident Life and Trust Company, 409 Chestnut Street, Philadelphia."

&

**Rev. F. Victor Romanelli**, pastor of the Church of Our Lady of Mt. Carmel, Orange, N. J., has received permission from Bishop O'Connor to start a new hospital in the Oranges. In his official declaration on the subject, the bishop says:

"Rev. F. Victor Romanelli is authorized to open the building in Hurlbut Street, Orange, for hospital purposes and to receive patients irrespective of race, religion or color, according to the accommodations which the building possesses. The hospital will be under the care of the Sisters of the Most Precious Blood."

Special recommendation was made to Father Romanelli by the bishop about the necessity of having a good training school for nurses attached to the hospital in order to get a first-class nursing staff. Nurses will have a separate pavilion for lodging and recreation.

The hospital will be started in the three cottages. The location has been approved by a number interested in the proposition, and Father Romanelli does not anticipate any trouble in financing the scheme.

&

**It has been** suggested that the active management of the Flower Mission Hospital, Indianapolis, Ind., be left to the women who brought the institution into life and now superintend it, and the suggestion is looked upon with favor, it is said, by members of the Board of Health.

The suggestion grew out of the complaint that the food furnished the patients at the Flower Mission Pavilion is not sufficient. The Board of Health investigated and found the complaint well founded. But blame did not attach itself, as it was evident that insufficiency in appropriations caused the insufficiency in the food supply.

The Flower Mission Pavilion is now under the control of the management of the City Hospital, and it is thought by many of those interested that perhaps still greater results would accrue from the charity work if the women themselves who solicited the funds that brought the institution into existence had active charge.

At any rate, the Board of Health seems disposed to make the change by way of experiment, if for

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no other reason, and it is probable that some action will be taken within the coming week.

If this is done council hereafter will make the appropriation direct to the charity board and the women members will conduct the institution in all ways save for the medical attention, which will continue to be given by the city doctors.

A large audience gathered at the First Methodist Church, Colorado Springs, Col., July 15, to hear Dr. T. D. Bancroft outline his plan for the establishment of a free home for consumptives. Addresses were also made by the Rev. C. B. Wilcox and others, and a great deal of interest in the project was manifested.

Dr. Bancroft said he had secured an option on a 40-acre tract west of the city near the foothills, and that the only drawback was the want of water. This matter is now in the hands of the Water Committee of the City Council. Dr. Bancroft's plan is to build a number of small cottages as well as a large central building for a dining room and parlor. Those suffering with consumption in its early stages are to be admitted free, and they will be given an opportunity to do a little gardening on the grounds by way of exercise and profit. Patients will be discharged as soon as cured, to make room for others, and while in the home they will be given the best medical attention, free of charge.

The proposed home is to be maintained by subscriptions, and Dr. Bancroft expects to lecture all through the East, the proceeds to be devoted to maintaining the home.

**Benjamin Wood Davis**, a well-known Cincinnati who died recently, left \$140,000 to various educational and charitable institutions, among others \$100,000 to the Jewish Hospital of Cincinnati. Unfortunately, the will was made less than a year ago and therefore these bequests are void under the statutory provision, which requires that a will must have been made more than a year before death to make such bequests valid.

The contract for erecting the nurses' building at the Jewish Hospital, on Highland Avenue, Mt. Auburn, Cincinnati, O., with money recently donated by Joseph Josephs, wealthy iron merchant, has been awarded to the M. Marcus Building Company and work has begun. It will be 35 by 67 feet and three stories high.

Plans are also being prepared for a one-story surgical building, donated by Julius Freiberg,

and a three-story children's pavilion to be erected by subscriptions.

**Work on the foundation of the Battle Creek Sanitarium**, to be built on the West Side, Wichita, Kan., is nearly completed, and preparations for the placing of the heavier timbers are being made.

The site on which the buildings are to be erected is a beautiful one, the foundation of the ground at this place giving the advantage of a natural elevation, or knoll, which will raise the buildings above the level, and give a splendid view, with drainage facilities.

The foundation, which has been laid for the main part of the building, is 44 by 84 feet. This part of the sanitarium will be four stories in height. The foundation for the annex, which will be built in connection with the main portion, is 30 by 50 feet. This part of the building will be but three stories in height.

On account of the untiring methods which have been employed in handling this question, it is expected to have the buildings completed and ready for occupancy by October.

**The City Hospital**, Huntsville, Ala., was formally opened with a public reception, during which 200 or 300 people called. The hospital is fully equipped and is supported by public and private subscription.

**The completion of the Sutton (Neb.) Hospital** was inaugurated July 31 with appropriate ceremonies, including a program consisting of music and addresses. The building is two stories in height, 50 by 80 feet. There are two modern constructed aseptic operating rooms, preparation room, furnace and other necessary rooms below and wards above, making the plant first-class in every respect. An electrical and surgical equipment and trained nurses are now on duty. It was built by subscription.

**Dr. Edward Martin**, Director of Public Health and Charities, Philadelphia, Pa., has inspected the site of the new municipal hospital and decided where the buildings shall stand.

Dr. Martin states that contracts will be awarded without delay, and he expects the work to be well under way before winter.

Plans are almost completed for the new Home for the Indigent, or almshouse, work upon which will also be started this fall. Out of the \$16,000,000 loan the department will receive \$1,400,000 for the two operations.

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The Westmoreland Hospital, Greensburg, Pa., is to have a laboratory or pathological room. This was made possible by a bequest in the will of the late John Mitinger.

The managers of St. Luke's Homeopathic Hospital, Philadelphia, Pa., have purchased the Mayer mansion and grounds, at Broad and Wingohocking Streets, and will remove the hospital from Broad Street, above Westmoreland, to the new location as soon as the necessary alterations can be made. The newly acquired property has a frontage on both streets of more than 200 feet. A large stable will be transformed into a dispensary on the first floor, and sleeping apartments on the second. Plans have been prepared for the construction of a large wing to the mansion and the work is expected to be completed before the end of November. The new property cost \$75,000, and with the improvements there will be room for forty beds.

The present hospital building consists of two dwellings, one of which belongs to the hospital. A lot of ground, with a frontage of 50 feet on Broad Street and extending back to Carlisle Street, was recently sold by the managers for \$12,000. The removal of the hospital was made necessary, it is said, by the erection of a large livery stable on the property adjoining the hospital on the south, which cut off light and air from the wards on that side of the building.

Contracts for the construction of the tuberculosis pavilion at the St. Lawrence (N. Y.) State Hospital have been awarded by the Lunacy Commission as follows: For construction, to Thomas Whalen & Sons, Ogdensburg, \$23,850; heating, R. T. Ford, Rochester, \$4,531; plumbing, R. T. Ford, \$5,400; electric wiring and fixtures, Commercial Construction Company, New York city, \$3,252.

The sixth conference of the Association of Hospital Superintendents of the United States and Canada will be held at Atlantic City, N. J., September 21, 22 and 23. The headquarters will be at the Hotel Rudolph. The conference will open Wednesday morning at 10 A. M. The program is as follows:

10.00 A. M. Prayer.

President's Annual Address, Daniel D. Test, superintendent Pennsylvania Hospital, Philadelphia.

Report of the Committee on Revision of the Constitution.

As this is a matter of importance, it is hoped that the members will make it a point to be present.

WEDNESDAY AFTERNOON, SEPTEMBER 21.

2.00 P. M.—"The Physician as Hospital Superintendent"—Dr. J. C. Biddle, chairman, superintendent State Hospital for the Injured, Ashland, Pa.

"The Layman as Hospital Superintendent"—Charles S. Howell, Esq., superintendent Western Pennsylvania Hospital, Pittsburg, Pa.

"The Purchase of Hospital Supplies"—Dr. H. B. Howard, superintendent Massachusetts General Hospital, Boston, Mass.

Papers as announced will be read, after which the session will be open for general discussion.

THURSDAY MORNING, SEPTEMBER 22.

10.00 A. M.—"Mental Wards in General Hospitals"—Dr. J. Montgomery Mosher, Albany Hospital, Albany, N. Y.

Discussion, opened by Dr. J. Henry Hurd, Johns Hopkins Hospital, Baltimore, Md.

"Private Patients in General Hospitals"—Dr. C. Irving Fisher, superintendent Presbyterian Hospital, New York, N. Y.

Papers as announced will be read, after which the session will be open for general discussion.

THURSDAY AFTERNOON, SEPTEMBER 22.

2.00 P. M.—"Heating and Ventilation of Hospitals"—Prof. S. Homer Woodbridge, Institute of Technology, Boston, Mass., and George I. Rockwood, M. E., Worcester, Mass.

12.00 M.—Election of officers.

Papers as announced will be read, after which the session will be open for general discussion.

THURSDAY EVENING, SEPTEMBER 22.

8.00 P. M.—Annual Banquet at Hotel Rudolph.

Members expecting to be present are requested to send their names and subscriptions to Dr. John M. Peters, chairman of program committee, Rhode Island Hospital, Providence, R. I., on or before September 18. This plan is necessary to allow the committee time for making definite arrangements. The cost will be \$2.00 per plate, without wine.

FRIDAY MORNING, SEPTEMBER 23.

10.00 A. M.—The Question Session.—Dr. G. H. M. Rowe, superintendent Boston City Hospital, Boston, Mass.

This session is devoted to discussion and answers to hospital problems or questions of immediate interest to the applicant, and general benefit to hospital workers.



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OF A  
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to first prepare a firm foundation.

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consider the "building of the blood," the  
fountain and foundation of healthy life.

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globin-carrying elements and thus successfully  
builds from the foundation upwards in cases of

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Questions should be put in writing, and verbal topics will not be entertained by the chair until the written questions have been discussed. It will facilitate the business and enhance the value of the discussions if the questions are submitted to the chairman of the section before the date of the meeting, so that the subjects can be assigned, thus lifting the discussions from the dead level of the commonplace, and making them more valuable and practical.

FRIDAY AFTERNOON, SEPTEMBER 23.

2.00 P. M.—“Hospital Accounts and Records”—James R. Lathrop, Esq., superintendent Roosevelt Hospital, New York, N. Y., chairman.

“Some Suggestions for Hospital Accounts”—Herbert G. Stockwell, Esq., president Audit and Appraisal Company of America, Philadelphia, Pa.

“Paper or Discussion”—James R. Coddington, superintendent New Haven Hospital, New Haven, Conn.

Papers as announced will be read, after which the session will be open for general discussion.

The corner stone of the new addition to the Frederick City (Md.) Hospital, presented to that institution by Mrs. James M. Hood, was laid July 8 by Lynch Lodge, No. 163, A. F. & A. M., assisted by Columbia Lodge, No. 158, and Masons from other cities.

The addition to the hospital will be 40 by 50 feet in its outside dimensions and three stories in height, conforming in style to the architecture of the main hospital building. It will have twenty-six rooms, of which eight will be in the basement. The rooms will be larger than those in the main building, and six of them will be endowed. An elevator will be constructed in the addition. On the second floor there will be a sun parlor, 10 by 30 feet, and above it, on the third floor, will be a porch of the same dimensions. The cost will be in the neighborhood of \$10,000, all of which will be paid by Mrs. Hood.

The Medical Society of Charleston, S. C., and City Council, after some discussion regarding the appropriation of the Roper Hospital Fund (said fund being in trust for the benefit of the city's poor) have practically come to a decision whereby the City Hospital, with the Riverside Infirmary, is to be given over to the control of the Medical Society for a term of ten years. The

society hopes by the first of the coming year to erect a well equipped, up-to-date hospital on the site of the present City Hospital.

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At the close of an article on consumption in *The Popular Science Monthly* for August, Dr. John B. Huber, while discussing the point of the relative danger near sanatoria, tells a story with a moral. A young woman, whose culture and refinement were more ample than her means, left New York city for the West, to be treated in a sanatorium. She arrived at a town near the latter late in the day and in a greatly exhausted condition. Hence she decided not to go immediately to her destination, but to find a night's shelter elsewhere. Presumably she was without escort, and at first made no effort to obtain accommodations at a hotel. Instead she sought them at a home which had been opened under religious auspices for her sex. Admission was refused, however, because “it was against the rules to take a consumptive.” Inasmuch as the house bore the name of “the poor Nazarene” over the door, Dr. Huber feels justified in briefly remarking upon the inhumanity of the act. Moreover, he insists that exclusion was entirely unnecessary. “Upon a purely practical basis,” he declares, “there is no reason why, with elementary knowledge and common sense such as those controlling such an institution should possess, this sick one could not have been provided for without jeopardizing the health of any other person.”

The fundamental principle of modern warfare on tuberculosis is that the sputum of a patient must be disinfected or destroyed. That precaution disposes of all bacilli which may be thrown off from the system. The breath is not regarded a source of danger. Dr. Huber repeats the axiom that there is no place where one is less likely to contract consumption than in a scientifically conducted sanatorium. To illustrate the theory he mentions an incident. On one occasion all of the dust which could be collected at Dr. Trudeau's cottage was employed in making a bacteriological culture, and the whole of the latter was injected into the veins of a guinea pig, without communicating any disease to the animal. Dr. Huber adds, as a necessary consequence of his first proposition, that no other community promises to be as healthy as one in which a sanatorium is situated. Certainly a person should be safer in such a neighborhood than in the streets of a large city, where, because the practise of indiscriminate spitting still prevails, the air has a better opportunity of being infected.

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Pulmonary tuberculosis, especially that following unresolved pneumonia, can always be greatly benefited and very often cleared up by the continuous use of Antiphlogistine, changed every twenty to thirty-six hours, for a period of weeks or months.

An immediate alleviation of symptoms, however, may be expected. The cough will become less distressing, the chills often disappear, while the pulse, evening temperature and general condition will be much improved.

These gratifying results can be largely ascribed to the vaso-motor stimulation of Antiphlogistine upon those vessels within and adjacent to the affected lung tissue. This stimulation increases the ability of the vessels to absorb and remove the interstitial fluid accumulation and convey nourishment to the debilitated cells through re-established circulation.

For Tubercular Pleurisy the application of Antiphlogistine is the ideal treatment for relief or to prevent recurrent attacks.

**DIRECTIONS.**—Spread the Antiphlogistine, as hot as can be comfortably borne, upon the skin over the affected lung and cover with cotton and a cheese-cloth jacket similar to the dressing used in pneumonia. Always heat in the original container by placing in hot water. Needless exposure to the air or water impairs its usefulness.

To insure economy and the best results always order a full package and specify the size required—Small, Medium, Large or Hospital Size.

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One other fact may be borne in mind by those who experience what Dr. Huber calls an "unnecessary and not altogether dignified dread" of the consumptive. Practically every one has a more or less severe attack of tuberculosis in the course of his life. One authority, basing the calculation on post mortem indications, insists that 98 per cent. of the population are thus affected. Only one person out of seven dies of the disease. Hence, six out of every seven have sufficient vitality to throw it off. The chances are six to one that recovery will follow when it once gets a foothold. They are six hundred or six thousand to one that exposure to infection will be followed by no visible effect. Of course, when the exposure is imaginary, not real, no unpleasant consequences can ensue at all. For the comforting assurance which Dr. Huber gives on this point he deserves the thanks of the public. Trained physicians like himself realize how foolish is the timidity which is often manifested, but the uninitiated apparently need the enlightenment which he affords.—*Tribune, N. Y.*

The appointment of Dr. William Osler, of Johns Hopkins, Baltimore, as Regius Professor of Medicine at Oxford University is a distinguished English recognition of the American physician who in learning and distinction is generally regarded as one of the foremost men in his profession in this country. Dr. Osler's fame, extended from America to Europe, is due to his contributions to the highest and most scientific development of the medical art and to an intellectual strength and breadth which would have won for him distinction in any calling in which they could be exercised; but, first of all and most emphatically, he is a master of the healing art by reason of a perception and a penetration which, added to knowledge and experience, make him a masterful physician. In Dr. Osler's appointment to Oxford the whole medical profession of America is honored. If the selection had been left to the suffrages of his professional fellows there is no doubt that he would have been chosen by them for the distinction now conferred on him with the approval of the King of England.

## Miscellaneous

### Personal

Miss Georgie Spiry and Miss Nell Traser, both graduates of Lake View Hospital, have returned from the World's Fair. They registered at the Emergency Hospital there.

Miss Matilda Grace Roberts, M.S.N., of Sheridan, Wyoming, has been appointed instructor and chief nurse of the Wyoming General Hospital. Miss Roberts has a wide professional experience, and holds a diploma from the University of Alabama and Nurses' Training School of Ann Arbor, Mich.

&

### The Partially Trained Nurse

DEAR EDITOR: Twice have I seen and heard the cry for some one to suggest a way to prevent non-graduate nurses from imposing on the public and professional world.

It being such a grave matter for consideration and discussion, I am indeed surprised that no one has made any attempt to help the profession out of their difficulty.

Realizing my infirmity as a writer, still I must say a few words on the subject. Indeed, yes, let something be done, the sooner the better for all concerned.

I am a graduate nurse, having a diploma from

two thoroughly recognized schools, and have spent four years in training, yet here around me are so-called trained nurses who have from eight to ten months' training, and, of course, are entirely incompetent, yet they go out and receive from \$21 to \$25 a week, in other words, a graduate nurse's wages. What an injustice to the graduate nurse! and what an imposition to the laity! Please allow me to make a suggestion, if only to lead to something better.

Let us organize a fraternity and admit only such women as are graduates and honorable members of society, and let our standard be high.

Thanking you for your kind consideration, am,

Very respectfully,

A GRADUATE NURSE.

&

### Appreciation

DEAR EDITOR: I am very anxious that every graduate nurse should be a subscriber to THE TRAINED NURSE AND HOSPITAL REVIEW. When a nurse once has it she is unable to do without it; at least, I find it that way. I am very impatient each month until the magazine comes, as it contains so much information. Wishing you all success,

Very respectfully,

A. E. B., Lynchburg, Va.

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See Lister's Towel advertisement on another page of this issue.

✧

## A Letter

RESINOL CHEMICAL CO.:

GENTLEMEN: A long while ago I received a sample of Resinol Ointment, which I found extremely useful in a case of acne rosacea. Have also found it very beneficial in eczema and pruritus ani et vulvae. I am using it extensively in my practise here where skin affections are very prevalent owing to the intense heat. There is hardly any disease in which the use of this remedy is not indicated in dermatological practise, and in which it does not prove its excellence. You seem to have succeeded in compounding an ointment that is facile princeps among the armamentarium of dermatologists. It gives me much pleasure to be able to recommend it to my colleagues on the other side of the Pacific.

DR. E. ELSNER, F.R.C.S.D.

Moree, N. S. W.

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## Passiflora Gives Restful Slumber

No other remedy compares with Daniel's Concentrated Tincture Passiflora Incarnata in the treatment of nervous headache, or for the muscular prostration and the aching pains of la grippe. Besides relieving these symptoms, it reduces the temperature, gives vigor to the exhausted nervous system, and prevents the developing of complications. The practitioner has found the concentrated tincture superior to the F. E. of Passiflora in the treatment of spasmodic croup, especially when the attacks are paroxysmal, and are due to acute congestion, because the conct. tinct. contains, in better

form, and larger quantity, the real essence of the May-pop, and the valuable property it possesses as the truest natural sedative and antispasmodic. Daniel's Conct. Tincture promotes restful sleep, and is, therefore, indispensable for all nervous affections.

✧

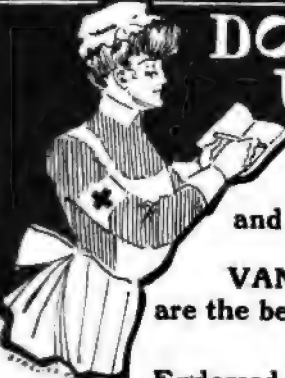
## Treatment of Chronic Ulcer

At the beginning of the present year I was called to a woman, aged fifty-four years, who had a chronic sloughing ulcer for twenty-two years, situated on the outside of the left leg, some ten inches long and three inches wide, with indurated edges and some thrombosis of the veins of the inside of the knee. Having first cleansed the ulcer with charcoal poultices for two days, I applied wet butter cloth and then spread Antiphlogistine over it, after which cotton wool and a bandage were put on. This was done every day by the patient's friends for four months. The ulcer is now quite healed over and the induration is all gone. She is able to resume her ordinary housework. I publish this case in the hope that it might be useful to others as Unna's paste and all sorts of methods had been previously tried. I may say that I have no personal interest in Antiphlogistine.—By Horatio W. A. Cowan, M.B., C.M. Aberd, from the *Lancet*, London, Eng., July 2, 1904.

✧

## A Scotch Doctor's Opinion

*The Quarterly Journal of Inebriety*, so well known through its brilliant editor, T. D. Crothers, A.M., M.D., quotes the following statement, from one of Great Britain's noted medical men, Dr. John Stewart Norvell, resident surgeon, Royal Infirmary, Edinburgh: "Antikamnia Tablets are a remedy for almost every kind of pain, particularly for headaches, neuralgias and neuroses due to irregularities of menstruation. They act with wonderful promptness; the dosage is small, two tablets. The undesirable after-effects so commonly attending the use of other coal-tar analgesics are entirely absent, and they can therefore be safely put into the hands of patients for use without the personal supervision of the physician."



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Bearing Down Abdominal Pains, or any  
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Rio Chemical Co., New York.

### ~ Celerina

When the menses are suppressed from exposure or from colds, wet feet, the result of emotional excitement, or febrile conditions, if not complicated with organic change, but by a more passive congestion, Aletris Cordial Rio is a very reliable remedy. It is an emmenagogue, not abortifacient.

### ~ Empyroform

In a clinical lecture on skin affections in children, Dr. W. S. Gottheil, dermatologist to the City, Lebanon, and Beth Israel Hospitals, New York, exhibits, among others, a case of psoriasis nummulata. The local treatment consists, in the first place, in the thorough removal of the scales by means of a hot-water-green-soap bath and a scrubbing brush; this must be repeated from time to time as the necessities of the case demand. Of late he has been using tar very much more than chrysarobin, which was the favorite application some time ago. Tar is less likely to excite dermatitis and does not have quite so dreadful an effect on the patient's clothes and general comfort. Rectified birch tar (*oleum rusci*) 10 per cent., in olive oil or vaselin, will do very well; the proportion of tar is to be increased as the susceptibility of the patient's skin is ascertained. During the last winter he has been using a tar-formalin preparation called empyroform a good deal in these cases, and is satisfied with its effects. He prescribes for the cases in question a 5 per cent. empyroform-vaselin ointment, to be thoroughly rubbed in with a bristle brush on all the spots twice daily. The time required to clear the body should not be more than three weeks.—Abstracted from the *Archives of Pediatrics*, June, 1904 (Vol. 21, No. 6, p. 426).

### ~ Sanmetto in Original Package

Sanmetto proves an admirable success whenever prescribed in the original package, thereby getting the genuine article. Sometimes I give a prescription in smaller quantities, and am disappointed in the results, thereby convincing me that a spurious article has been palmed off on my patient.—S. B. HAYGOOD, M.D., Marble Falls, Texas.

### ~ Care of the New Born Baby's Eyes

Of all inflammatory diseases of the conjunctiva there is none of greater importance on account of the chronicity and the disastrous results liable to attend it than ophthalmic neonatorum. The

infantile conjunctiva is peculiarly susceptible to the pathological secretions which have their origin in the genito-urinary tract of the mother and it has been authoritatively stated that at last 75 per cent. of all cases of blindness may be traced to this disease. Modern antiseptic measures at accouchement have very materially reduced the number of these cases. Too much, however, cannot be said as to the importance of immediate attention to the eyes of every new born infant. As a prophylactic measure the eyes should be thoroughly bathed with a 10 per cent. solution of Glyco-Thymoline in distilled water at the temperature of 105° F., three times a day, for the first four days. If this simple treatment is carried out by the nurse she will save the sight of many of her little charges. In writing on this theme, Dr. L. R. McCready, of Grand Rapids, Mich., states: "If the eyes of every infant at birth were filled with a 10 per cent. solution of Glyco-Thymoline there would be no cause for discussion on this subject, a disease which should really be styled 'Criminal Neglect.'"

### ~ Horlick's Milk

After surgical operations it is frequently necessary to nourish patients, for a time, by nutrient enema. A very satisfactory food for this purpose is Horlick's Malted Milk, because it has a high content of predigested matter, is non-irritating, is readily absorbed by the mucous membrane and is effective in maintaining the strength of patients for long periods in this manner. It may be dissolved in normal salt solution and made the vehicle for the administration of other ingredients if desired.

### ~ Ergoapiol

Miss —, aged thirty, had been a sufferer for years with dysmenorrhea. For about three years had suffered with leucorrhea, particularly annoying after each menstrual period. Had undergone treatment at different times for leucorrhea and dysmenorrhea, but had never experienced permanent benefit. She had been obliged to spend the couple of days of each period in bed. She consulted me about one week before her period. Examination revealed a purulent discharge oozing from os cervix and a rather large uterus. There was no displacement. She was put upon Ergoapiol (Smith), one capsule three times a day. The onset occurred one day earlier than expected and was attended with considerable pain. The patient was, however, able to attend to her usual duties, a state of affairs such as had





## The Appalling Infant Mortality

of the summer months is largely due to the dangerous quality of milk furnished most communities and particularly the larger cities. A Baltimore hospital recently examined the milk supplied to it and found an average bacterial content of over four million to the c. c. The New York Board of Health found many samples that ran over ten million; these are but instances. Most peddled milk is absolutely dangerous during the summer months and is a leading cause of the high mortality in children. In many cities there are three deaths from Cholera-Infantum to one of Tuberculosis.

## Protect the Infant Industry BY GUARDING AGAINST IMPURE MILK

### Highland Brand Evaporated Cream

is absolutely pure, germ free, always fresh. It is the simplest, yet the most complete, substitute food for infants and invalids. Always ready. Just dilute with water q. s. and give to baby. *Trial quantity free to nurses.*

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not been experienced for some years. At the onset of the flow Ergoapiol (Smith) was administered, one capsule every two hours. The effect was astonishing. In eight hours the pains had well-nigh subsided and there was practically no discomfort.—JAMES A. BLACK, M.D.

✧

#### Unguentine Supplants Carron Oil

"In two very severe cases of burns, one of them being so extensive as to require treatment for three months, I found Unguentine to be most valuable of all dressings. I occasionally changed this for carron oil, but only for a change, as I found Unguentine more soothing, and, as a rule, it has diminished pain, lessened suppuration and promoted more rapid healing than the former. The other case was treated entirely with Unguentine, which I shall continue to use in my practise and recommend in my teaching."—R. N. FOSTER, M.D., Professor of Obstetrics, Chicago Homeopathic Medical College.

✧

#### Tyree's Antiseptic Powder

is one of the most generally useful antiseptic powders for hospital practise or in the office local treatment of leucorrhea arising from various causes, as uterine and vaginal catarrhs, that has ever been introduced. It is valuable as well in gonorrhea, gleet, and such diseases of the mucous passages. It is serviceable also in dysentery, in catarrhal inflammations of the nose, throat, mouth, gums, etc. Dr. W. M. Gray, microscopist to the Army Medical Museum at Washington, D. C., by tests, has proven conclusively its bactericidal action as to the anthrax bacillus, the staphylococci of pus, etc. It combines the qualities of such agents as salicylic acid and boric acid, so that its application to diseased mucous surfaces has a mild, stimulating and astringent effect in the rapid healing of diseased tissues. While it may be applied as a powder, when circumstances demand, the economy of its use consists in the fact that water (so as to make from 10 to 50 per cent. solution) may be added at the time its use is required.—*The Virginia Medical Semi-Monthly*, February 26.

✧

#### Blood Impoverishment

In meeting that condition of the system embraced in the above headline, is it not true that our first thought is iron; but is this not looking at but one phase of the question? That there is a deficiency of iron in the blood in most forms of anemia is indisputable; and to endeavor to supply this lack by the administration of iron seems

but a common sense procedure. This practise would be sufficient if anemia were, in reality nothing more than a condition of iron deficiency; but modern physicians know that the real underlying causative factor is a disturbance of the complicated processes of nutrition and metabolism, and that iron poverty is but one manifestation of this disorder. Here, then, iron must be supplemented by such remedies as have the ability to awaken the depressed nutritive and metabolic processes.

To invigorate, to rekindle nervous force, to revitalize all functions, and thereby bring about a condition of systemic vigor, of which blood enrichment is necessarily a feature, the addition of Manganese with Iron is desirable. In Pepto-Mangan, Iron and Manganese was first brought to the attention of the profession by Dr. Gude, chemist, and this preparation is found to be one of the best therapeutic resources of the present day.—From Editorial *Medical Summary*, March, 1904.

✧

#### The Saving of Time

means often the saving of money, and there is always a gain in nerve force when the minimum of effort procures the maximum of result.

No class of people more readily appreciate this fact than trained nurses and superintendents of hospitals; therefore they will appreciate the effort that the Philadelphia house of Strawbridge & Clothier is making to supply the demand for well-made, good-looking, durable outfits at a reasonable price and in well-graded sizes. One of the leading hospitals in New York orders its entire yearly supply from this firm, and hundreds of busy nurses avail themselves of this opportunity to secure just what they need in gowns, caps and aprons at unusually reasonable prices.

The ready-to-wear dresses are made of a superior grade of chambray in gray and in two shades of blue. The waist with a fitted back and box-plaited front piped with white. The skirt is five-gored with a five-inch hem, gathered to a one-inch belt. This entire garment is well-cut and carefully finished, and sells for \$2.00—about what one would ordinarily pay for the materials alone.

For \$2.75 the same style dress is furnished in white cotton cheviot, medium weight and firm enough to launder well without starch.

Strawbridge & Clothier also furnish material by the piece for dresses, surgeons' gowns and aprons, etc., to scores of hospitals and other institutions, and make the same to order, as well as caps and aprons. The service is so satisfactory

# Convalescence from Typhoid



In convalescence from typhoid, when the patient's strength is exhausted, his tissues wasted, and a relapse feared if the digestive organs be not spared all unnecessary strain, the physician is often at a loss as to how to feed the patient.



## BURNHAM'S CLAM BOUILLON

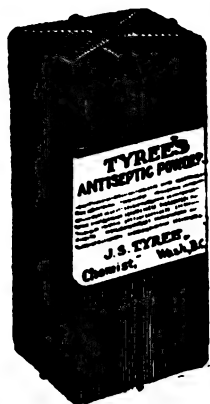
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offers an ideal tissue-building and stimulant food which places the least strain upon digestion. The fact that BURNHAM'S CLAM BOUILLON is sterilized and is partly predigested makes it especially fit for use in typhoid fever convalescence. Physicians who have prescribed it in such cases have found it not only highly nutritive, but also most easily absorbed and most pleasant to the patient, whose long stage of milk diet makes him rejoice in anything so palatable as BURNHAM'S CLAM BOUILLON. The results are grateful patients and rapid strides toward the restoration of vigor and health, without any fear of a relapse due to a dietetic error.

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# TYREE'S POWDER

FOR

## SUMMER HYGIENE

**T**YREE'S Antiseptic Powder is now accepted even by skeptical physicians as a remedy to be depended upon. It was first used ten years ago by a few Washington physicians for diseased conditions of the genital tract. Now it is being used practically all over the world by the leading hospitals, physicians and dentists as a standard prescription to regulate diseased conditions of the mucous membrane whether due to external or internal cause, and to keep it in a healthy

condition attending a season when **Prickly Heat, Polson Oak, Eczema, Hydrosis, Lupus Vulgaris, Decubitus, Dysentery, annoying Pruritus, Vaginitis, Leucorrhoea, Nasal Catarrh, Sore Throat, Ulcers. Wounds** and kindred diseases are most prevalent. Its application is extremely simple and harmless even to children. The price is very economical. A sample, with the following valuable reprints, sent to nurses free of charge:—

**J. S. TYREE, Chemist, Washington, D. C.**

Some Obstetrical and Gynecological Treasures of the Army Medical Museum.

A Report on the Antiseptic Treatment of Surgical Cases at an Emergency Hospital Clinic.

Rational Treatment of Cholera Infantum and Kindred Diseases.

Clinical Lines on Prickly Heat and Kindred Affections of the Skin.

Treatment of Acute and Ordinary Decubitus.

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that there is an enormous demand for these goods from all parts of the United States and Canada. See their advertisement in this number for directions how to order, etc.

### ✧ Massage

The Pennsylvania Orthopedic Institute and School of Mechano-Therapy (Incorporated), of 1516 Green Street, Philadelphia, was established in 1898 and after six years of work has won many friends and the warm support of physicians.

The equipment of the Institute is complete for the administration of medical massage, Swedish movements, medical electricity, X-ray treatments and all other present-day uses of electro-mechanic therapeutics, including Dr. Bihlmaier's "Vibrator," various kinds of imported electric light bath cabinets and the Frazier-Lentz hot air apparatus for the well-known "baking" process.

Instruction is given day or night in separate classes by trained men and women teachers. All branches of mechano-therapy are taught practically, the pupils themselves manipulating subjects referred to the Institute by the various city hospitals. Connected with the school are a gymnasium and a medical library free for students.

During the regular sessions, October to June, of 1903-04, seventy-five pupils, many being trained nurses, from all sections of the country and several from abroad received diplomas in medical massage and the Swedish movement treatment, while thirty-three graduated in electro-therapeutics.

In the Special Summer Class for nurses are two hospital superintendents, eleven trained nurses and four physicians and medical students.

The superintendent has personally investigated the advanced methods now in vogue in Sweden, Germany and Austria in the administration of all forms of mechano-therapy and purchased and imported the most approved apparatus used therein. All theoretical instruction is by both oral and typewritten lectures.

An early application is necessary for the fall classes commencing October 5.

### Hospital Superintendents

Physicians and Nurses in General Practice—Hartmann's Wood Wool Napkins or Pads are the best in the world. They are made from Hartmann's Wood Wool Wadding, and are thoroughly antiseptic in every way, and cause no irritation; they are cooling; they do not heat like Cotton Pads, and will absolutely absorb a greater amount of fluid than any other goods now on the market; they are as light as any material.

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✧

### The "Lifting" Properties

of Hemaboloids should not be lost sight of in cases of general *Vital Depletion*. Not only does this preparation supply nature's iron in organic combination, but also furnishes immediately available nutritives to reconstruct the tissues after pneumonia, typhoid, la grippe or other serious illness.

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✧

### Special Notice

At the Nurses' Outfitting Association, 131 East Thirty-fourth Street, New York City, the sale of nurses' uniforms still continues. There are not many more left, and we would advise our nurses to avail themselves of these great bargains in both colored and white dresses, which are almost given away at the low prices asked. The invitation for free catalogues still holds good, and we understand that hundreds of these are issued weekly. Don't fail to write for one, and then compare the regular prices of the advertised goods with the special sale price.



# Midsummer SPECIAL SALE

FOR THE MONTH OF SEPTEMBER ONLY

**Colored Uniform, Model 812** (see catalogue, page 6). Skirt and Waist attached; made in plain blues and stripes. Usual price, each, \$2.50.

*Sale Price—*  
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**White Uniform, Model 880** (see catalogue, page 12). Skirt and Waist separate; made of white "Thread Weave," No. 50. Usual price, each, \$4.25.

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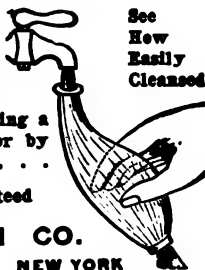
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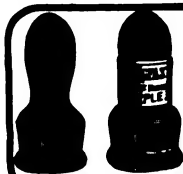
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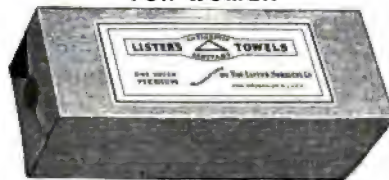


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## The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in  
Private Practice and in the Hospitals of the Country

Conducted by  
**ANNETTE SUMNER-ROSE**

NEW YORK :  
**LAKE SIDE PUBLISHING COMPANY**  
PUBLISHERS

(Published Monthly.)

NEW YORK OFFICE—Metropolitan Building.

BOSTON OFFICE—With Old Corner Book Store,  
27 Bromfield Street.

### THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

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March 14th, 1901.

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The Editors and printers will greatly appreciate the courtesy of having all manuscript typewritten; or, if this is impossible, clearly written, great attention being given to proper names and medical terms.

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### About New Editions

The new edition of Miss Emily A. M. Stoner's *Practical Materia Medica for Nurses* is at last ready, and we are now prepared to fill all orders.

The second edition of this book has been largely rewritten. While the arrangement of the subject-matter has not been changed, numerous alterations and additions have been made in order to be thoroughly abreast with the times and to make it a more complete guide to those engaged in nursing. The price will remain as before, namely, \$1.50 post paid.

We regret that the long-promised new edition of Dr. Kellogg's *Art of Massage* is not yet ready. But we think we can safely promise it to our expectant patrons by September 10.

It has been very much improved. There are new illustrations, new chapters, many of the old ones have been entirely rewritten to bring them up to date. In a word, the already large value of the work has been enhanced.

### A Word of Thanks

When we announced in the August number in this department, that with that issue we commenced our seventeenth year, we were utterly unprepared for the stir this would occasion.

We have received several hundred letters like those which will be found under the heading "In One Mail" in another part of this issue, congratulating us and wishing us long life and increased prosperity.

We will not boast. But we want to say in all seriousness and sincerity that we have always tried to give the nursing profession a fair, honest, useful and entertaining nursing magazine, published for the good of the *whole* of the profession, not for the advantage of a few, and these heartfelt assurances that our work has been appreciated leave us deeply thankful, for they strengthen us to persevere in the work we have chosen.

### Please Note

The Editor has a number of letters which are unaccompanied by name and address, and so cannot be published. We have announced from time to time, and will now do so again, that we will not publish letters unless the name and address of the writer is on them. We will not publish your name unless you desire it. But for our own protection, and for the protection of our subscribers from imposition, we must know it.

# The Trained Nurse and Hospital Review

Vol. XXXIV

NEW YORK, OCTOBER, 1904

No. 4

## A Brief History of Obstetrics

I. Isobel Kerr

[N PREHISTORIC times all obstetrical work was done by midwives, the office being hereditary. From passages of scripture where midwifery is referred to, it is plain that this important art was, among the Hebrews and Egyptians, entrusted only to women. It is equally certain that the ancient Greek and Romans confided this branch of medicine to the women also. The Greek and Roman physicians understood the art of midwifery but felt it beneath their dignity to practise it.

Phanarete, the mother of Socrates, was a midwife and Plato also speaks of the duties of these women. Only two whose names have been handed down to us with any degree of accuracy, attained any marked degree of prominence. Louise Bourgeois, who was the Court midwife at the Court of the de Medici in Florence (1550-1575), and Justina Sigismundi, who was the court midwife to the Elector, Frederick of Brandenburg in 1689. Louise Bourgeois wrote a small treatise on her observations on the subject, which in all probability was the first of all the "hand-books for nurses."

Of Justina Sigismundi we hear very little except that it was through her efforts that the famous Princes of Germany born at that time breathed the breath of life—in some cases a calamity, in others a blessing, as at this time the Electors were entitled to choose the emperor or king.

But, for the most part, the midwives were a class of ignorant, superstitious old women, relying on charms and omens rather than common sense, a failing not uncommon in olden times.

It is said that if a labor was unduly prolonged, the midwife called in a neighbor to assist and they took turns sitting on the unfortunate woman's abdomen. If the result was fatal, then the only reason given for it was that the woman was not good enough to be the mother of a child. And this treatment is, to the present day, practised in the interior of Africa, only a different cause assigned for the result: "The black devil must have seen her."

Again, there was the delivery chair, fashioned with a large hole in the seat through which the child was born. And this was considered a great stride in the cause of obstetrical science, as greater force could be obtained in expulsion.

Immediately after the delivery, the midwife devoted her attention to the child, giving it its first bath with the aid of the mother, in the meantime instructing the mother as to the different herb teas to be concocted in case of colic or other infantile ills. No ten days in bed for the mother, and very apparently no subsequent "repairs." If there was septic infection and the woman died—it was the will of God and she died in a good cause. As it is very evident that but few died, judging

from the large families we read of, it is rather a blow to our aseptic conscience in these enlightened days.

The child was of great importance, especially if it was a boy. Grease was employed at the first toilet, as at the present time, and the child received a *first* bath, at least. To show the carelessness of the midwife to perform even this, to us, simple task, a case can be cited of only a little more than a century ago.

In Germany there was a midwife in the court circles, who gained an ill-famed reputation for the number of deaths among the children born under her care. So alarming became the fact that a delegation of physicians was selected to inquire into the cause of this alarming mortality. They carefully watched her attend several cases. The deliveries were apparently normal, and the child of each normally healthy, but in each case the child only lived a day or two and then, for some unaccountable reason, died. At length, an old doctor happened to put his hand in the water used to give the first bath to the child. To the consternation of all, including the old midwife, it was found to be hot enough to severely scald his hand. Upon testing it with a thermometer, it was found to be about 240° F. After several tests, they discovered that the midwife could easily endure water on her hands at a temperature of nearly 300° F.! What was "comfortable" to her, was death to the child. This seems like exaggeration, but it must be borne in mind how easily one can become accustomed to hot water in an incredibly short time.

The earliest known operations were: Version (2100 B.C.), embryotomy, by tearing the child to pieces, and post-mortem Cæsarian section.

Version was practised among the ancient Babylonians. The Greeks of that age attained greater skill in this branch, accustomed to performing both podalic and cephalic versions.

It is said that at the present time, version is performed in Mexico, though with the method used, the result can easily be imagined. The woman is suspended by her feet and the midwife or husband shakes her until the child's position is changed and the desired part presents itself.

In 1569, one William Chamberlain, a Huguenot physician, fled with his two sons from France to England. It was in that turbulent period of French history that culminated in the horror of St. Bartholomew's Day.

The two sons both bore the name of Peter and both became physicians as their father and grandfather before them. The younger Peter is seldom heard of in history except as the brother of the great Peter Chamberlain, who invented the forceps (1616), that instrument which marked the beginning of a new era in the science of obstetrics; that has saved so many lives and shortened to so great an extent, the agony of parturition. History does not record whether this Peter Chamberlain left progeny or not. If he did, they evidently did not inherit their father's skill or inventive genius. The next of this family heard of, is the turbulent son of the younger brother, Peter. His name was Peter also, a clever physician who modified the forceps invented by his uncle. To him, the invention is sometimes (erroneously) accredited. The success achieved by these Chamberlain physicians in their obstetrical work, was the wonder and envy of all London physicians. The secret was carefully preserved in the family for over a hundred years, being handed down from one generation to the next. It is needless to say that a large fortune had been amassed in the meantime.

Hugh Chamberlain, a great-nephew of the inventor is the next whose name appears on the page of history connected with the forceps.

He appears to have been the blackest of all black sheep. He spent all the fortune his ancestors had accumulated, went in debt so



heavily it was necessary to leave the country. He is next heard of in Paris where he tried to sell the family secret. All arrangements for a demonstration of the wonderful use of these instruments was made at Mauriceau's Clinic, at Hotel Dieu. But he used for demonstration a deformed dwarf, and, of course, signally failed. This killed all hope of a sale in Paris, so he next tried Amsterdam, where he was more successful, selling the secret to the College of Physicians. The price received is not recorded, but he probably was better satisfied than they, as it is said, though not authentically, he gave but one blade of the forceps, thereby rendering the secret useless, until new models were made. This secret leaked out about 1725 and the forceps were extensively used and modified; the principal modifications being by Smelli, of England, and Leorez, of Paris. Of the modern forceps in use to-day, the Simpson forceps is the descendant of Smelli and the Hodge forceps, a descendant of Leorez's.

The first Smelli model was bound with leather to prevent slipping.

The original forceps (Chamberlain) came to light in England in 1813. They are carefully preserved in the British Museum, together with every other kind of forceps that have ever been used. There is a great variety of those which have given place to later improved ones. The different varieties of leather forceps (Smelli), the iron forceps, the heavy wire forceps, the podalic curves and the celphic curves, forceps fastened with an iron rivet and forceps fastened with a leather thong (one of the oldest models).

The cross pieces on the handles used so commonly now, are a comparatively recent invention (1850), claimed by Dr. Busch.

The Sawyer forceps were invented by an English physician of that name and are the short-handled forceps of to-day.

The Tarnier axis-traction forceps, invented by Tarnier in Paris, 1877, is a very

complicated instrument, used in rare cases, but invaluable where indicated.

Symphysiotomy was first suggested in 1568, but not done until 1777 by Sigault in Paris. It consists in cutting the symphysis to permit a separation of the bones. This method of delivery was extensively used in the days when the mortality of Cæsarean section was so very high, but is not much done now as it is claimed to be a very unsatisfactory operation. The knife used to cut the symphysis was invented by Galbiati, an Italian, and bears his name. There is also a modification of this knife, used by Dr. Hirst, of Philadelphia.

Embryotomy, or destruction of child, was also a very early operation. It was done by tearing the child to pieces with blunt hooks, and the oldest models found that were used for this purpose were crude indeed.

Embryotomy consists of four operations: Craniotomy, Decapitation, Evisceration and Amputation.

Craniotomy was first done by Boudelocque in Paris in 1790. The instruments used are the perforator, cranioclast and cephalotribe, invented by Boudelocque, and bearing his name. Improvements have been made upon them, but to no marked extent.

Cæsarean section was done in very early times, but always post mortem. It appears in Greek mythology; Bacchus, the god of wine, being supposedly delivered in that manner. Julius Cæsar, Andreas Dona, one of the Doges of Venice, Edward V. of England, Pope Gregory XIV., are among the famous men who were supposed to have been delivered in this manner.

Pliny, the Roman historian, says that Cæsar was so called from the fact of being born in this way; that all such persons were called *Cæsares*. In his case, the operation must have been successful, as history tells us his mother was alive when he invaded Britain.

Some claim that the first Cæsarotomy upon

a living woman was in 1500 by Jacob Neifer, a swineherd in Switzerland, who operated successfully upon his own wife. But the first recorded Cæsarian section was by Trautmann in Wittenberg, 1616. The patient lived twenty-five days.

A celiohysterectomy following a Cæsarian section is called the Porro operation, named after the man who first advocated this procedure, 1876. The amputation of the uterus after a hysterectomy was first suggested by Michaelis in 1809 and first carried out, with fatal results, by Storer, of Boston, in 1868. The improvement introduced by Porro reduced the mortality by one half and it became widely adopted by the most brilliant men of the profession. Scarcely, however, were these results beginning to be appreciated by the medical world at large, when Sanger suggested the close and accurate suturing of the uterine wound. Coincident with the adoption of this improvement began the aseptic era in abdominal surgery until now, the Sanger operation, or the "conservative Cæsarian section," as it is sometimes called, is more commonly used than the Porro, probably because it requires less time and there is less danger of shock than with a coliohysterectomy, though in cases of inevitable infection the Porro's is preferable.

Cæsarian section has been used among the barbarian classes of comparatively recent times.

In 1870, there was a case reported from Uganda, Africa. The incision was made with a red-hot iron and the uterus opened in the same manner. A living child was removed and the wound closed with hot acupuncture needles. It is stated that the wound healed in eleven days and the woman up in three weeks.

But of all the inventions and discoveries

up to the present time, it would seem that the Bossi dilator could not be improved upon. The cervix can be dilated and the child delivered within twelve minutes without a laceration of any kind. Used just before the onset of labor with an anæsthetic and treated as a purely operative procedure, it would seem the acme of perfection in the science of obstetrics. This instrument, a four-branched dilator, has an interesting history. It was invented in 1890 by Bossi, an Italian. He used it in his practice for ten years, evidently not realizing the boon it would be to the profession at large. In 1900, Schatz, of Vienna, came across it and advocated its use most enthusiastically. It is used abroad very extensively, but in this country is not so well known, being principally used by specialists.

Where once the old midwife was called when the woman was in active labor and whose duties were ended with the termination of labor or the woman's life, we now have the doctor consulted at the beginning of gestation, care and attention all through the pregnancy, a trained nurse engaged and kept at least two weeks after delivery, the child cared for by hard and fast rules, and the result, the mortality of mother and child is so low that when a fatal case is heard of the mind instantly reverts to the possibility of an error in technique. And yet, there are people in the profession to-day who scoff at asepsis and antisepsis. But when applied to the propagation of the human race with the results that history gives us, can there be many who would willingly jeopardize two human lives for a personal opinion or prejudice? There are not many who would wish to assume that responsibility unless through ignorance and in this enlightened age of journals, text-books, lectures and societies, "ignorance of the law is no excuse."

## **A Criticism of the Methods of the Training Schools. From the Standpoint of a Graduate Nurse**

**Inez Avery Newman**

**I**T IS easier to criticise the defects and shortcomings in the methods of our training schools than to offer practical suggestions as to their reform. However, the fact of this question arising is in itself a hopeful sign. The superintendents of the schools are alive to the necessity of a change in the instruction offered, and the length of time given to the training. The three years' course is already an established fact in our large hospitals; still the pupil nurse finds herself quite as hurried in her practical work as before. She cannot or does not go to her lectures with a fresher or more receptive mind, neither has she strength nor inclination, were the opportunity offered, for original work or reading. Rather is she expected to keep her beds tidier (if that is possible), her medicine case brighter; in short, to be better drilled and smarter on parade than formerly.

The "Personal Element in Work," of which so much is said to-day, has no chance to enter here. The nurse is not encouraged to regard her patients as individuals; to try to establish some bond of sympathy or point of understanding between them and her, which would give the patients a certain sense of security in her interest in their needs and help them in their suffering more than is comprehensible to the healthy mind. Many poor creatures come into a hospital for the first time, speaking only one language, often that is not English, but a touch of sympathy is rarely misunderstood and may leave behind it a gratitude very precious to recall in the times of darkness and discouragement bound to come to any and to all nurses. The school nurse is trained to be efficient in the routine work; noiseless, deft and unafraid. Only too apt to regard her patients as embodied diseases and disembodied spir-

its. Is it strange that in her private work her limitations are so marked? Has she been encouraged during her training to broaden her mental outlook? On the contrary, she is required to work steadily with neither a glance to the right nor to the left, some of her superior officers fearing greatly lest she acquire any rights in their territory or venture to offer suggestions, forgetting that only "a *little* knowledge is a dangerous thing."

The wise and progressive spirits, who have foreseen the need of and encouraged the establishment of preparatory schools for nurses, realize the advantages to be gained therefrom on all sides as in this way desirable women will be chosen by a process of natural selection. This weeding out, which is bound to come sooner or later, will save the hospitals much trouble, as it will send them women capable of putting into practice intelligently, the knowledge they have acquired elsewhere and enable them, in the course of time, to assimilate the experience they have gained daily instead of bolting tremendous impressions to be partly, or not at all, digested.

After her training is finished, the private nurse goes forth filled with warnings as to her deportment, personal habits and regard for the feelings of her future patients and their families. If the nurse is to be thus gravely admonished and is to reflect on the errors of her predecessors for which she will have ample opportunity, she will hardly be capable of even her mechanical duties, since no "penny dreadful" ever offered more lurid reading than do the tales of the nurses who have gone before.

Some of the points most emphasized in the work of the preparatory schools are Chemistry and Dietetics, two much neglected studies. The importance of a good working

knowledge of medical chemistry should be insisted upon. Dietetics cannot be learned at a patient's bedside even if there were time for the study. To-day women who have large establishments study the science of food and its proper preparation, and the knell of heavy pie-crust, cold pork, and boiled tea has rung even in remote places. The intelligent cook and the housekeeper understand that human stomachs are no longer to be regarded as were the storerooms of our grandmothers, that are fit only to be cumbered with useless odds and ends, incongruous elsewhere, but not seen nor felt there. If healthy bodies are thus considered, how much greater is the importance of considering the invalid digestion and the peculiar needs of each case!

If nurses get a fuller knowledge of the drugs they are to dispense, errors will be less likely to occur. A label on a bottle will mean more than it does when the nurse first begins to administer the contents of the bottle. The ubiquitous little tablet, which may represent a mighty power, will have a new dignity for her or else it will be known as a familiar friend. The reason for giving a certain cathartic when another is more easily prepared or administered and would appear "just as good," becomes intelligible to her. The same is true of all the nurses' studies. Many schools give no obstetrical, contagious, eye and ear, nor orthopedic training. These are regarded as unnecessary by the training school committees. If the nurse desires to take a course in eye and ear or orthopedic work she is obliged to take her own time after her graduation, which very often she can ill afford to do. The larger hospitals include obstetrical work in their course; some of them make contagious training optional. In order to be an all-round nurse, capable of taking and doing any kind of work, and that efficiently, she should while taking her training be given the opportunity to study these branches of medi-

cine. When she has proved her ability and passed a satisfactory examination, she may consider her diploma as well-earned. In the use of orthopedic appliances such as spinal braces, plaster jackets, plaster splints for knock knee or club foot, the nurse should be experienced, especially if she intends to do any district nursing. Among the public schools to-day there is a great demand for *trained nurses* who have had instruction in the care of eyes and ears. In the poorer neighborhoods there is an incalculable amount of eye disease due to neglect and unsanitary conditions. Slight operations often have to be performed in the patients' homes and the instruments to be employed are unlike any used for other surgical work.

Give the nurse a good theoretical grounding in the subjects that most vitally affect her work: then judge if there is not a clearer, more comprehensive knowledge of the orders given, and if they are not more quickly and thoroughly carried out, and the work of nursing more efficiently done.

In the schools of to-day pupils are taught *how* to study. They are only practising for the larger demands of life which must continue as long as the mind seeks its evolution. It is one of the verities of life that the preparation for any chosen work, in order to be successful, must be encouraged to find its best and fullest outlet—and, instead of merely helping to carry on the work of a large institution in a more or less perfunctory way and from varied motives, the real nurse to be should get her practical experience at the moment when all her faculties are at their keenest; her powers of observation trained to recognize conditions at a glance, and the divine power of sympathy so quickened that it will shine as a beacon light through the work of her life.

So many Utopias have been discovered in our very midst that we may feel encouraged to hope that the *perfect trained nurse* may, at no distant day, appear before our eyes.

## National and International

Nursing Section of "The Hospital," London, England

**T**HE official report of the first quinquennial meeting of the International Council of Nurses, held at Berlin last month, gives cause for thought. It shows that there were present some thirty nurses from Great Britain, of whom only one (Miss Isla Stewart) was matron of a large London hospital, and other delegates held such positions as the superintendent of Sir Patrick Dun's Hospital, the matron of the General Hospital, Birmingham, the matron of Much Wenlock Hospital, the Queen's nurse from Surbiton, and a sister from the Royal South Hants Hospital. The United States had a somewhat similar representation, and Germany supplied a dozen members from their newly formed Nurses' Association; and there were single delegates from France, Canada, Denmark, Holland, and Sweden. Was this a representative gathering such as deserved the title "international?" Was the British section deserving of the title of "national?"

First, let it be agreed that there is much good in the thought of international gatherings and communication among nurses, and that there is also much to be said in favor of a National Council of Nurses in every civilized country. But it is a misuse of terms to take a small clique of women who are notorious for not representing the feeling of the mass of nurses and let them arrogate to themselves positions and powers to which they have no right whatever. Here in England the progress of the nursing profession as a whole is terribly hampered by the way some few self-advertising persons try to claim every plan brought forward, which plans at once become anathema when these names are connected with them. Why is it that the matrons of the London hospitals stand aloof from these national councils, from schemes for registration, from the Bedford College scheme for higher education of

nurses? We all know quite well that it is simply because the same few are always pushed forward as reformers, and that it is therefore these so-called reformers who are the great hinderers of all nursing progress. It is a strange position; there, blocking the way of all joint action, of all national courtesy of all unity of aim, are those who boast that theirs is a campaign of nursing reform. Such is the difference in the point of view; to themselves these persons are objects of admiration; to those who take a wider outlook they are obstacles to progress.

To a certain extent this stage army has imposed upon the nurses of the United States, but on no one else. They march on and off the scenes, now as this society and now as that, but like all stage armies they merely show themselves—they do not accomplish anything. And the majority of the audience quite understands; it knows that in spite of blare of trumpets it is only the same few persons marching round and round, and that they are quite ineffective; just a few in the far-off gallery may perhaps be taken in; those of us who are nearest recognize the same faces again and again, though perhaps the helmets may have been hastily changed behind the scenes. Weird little stage army! so mighty in its own imagination, so laughable to the lookers-on! But are we going to allow the stage army to pretend to be an International Council of Nurses? Are we going to allow it to be a National Council of Nurses?

The Select Committee on Nurse Registration has already set to work at Westminster, and its outcome will probably be the formation of some nursing council, even if no registration bills are passed; and that council, if formed, should be the real thing, and not the dressed-up booby of a diminutive clique. In the great strife against death and

disease, in the great cause of the procuring of health for our city children, in which nurses are now taking so large a part, there must be no narrowness, no spoiling of the cause because of lack of courage, of want of public spirit. If nurses are to work under a council, be governed by a council, it behooves us to see that that council deserves the title "national," is truly representative, and has for its sole object the raising of the status and the training of nurses in order to benefit humanity as a whole.

And this can only be secured by the vast majority of hospital matrons and nurses forsaking their present Laodicean attitude. "I would that ye were either hot or cold;" for the time has come when the temperature of the nursing world in the future has got to be decided, and unless the truth is put clearly and convincingly before the Select Committee we shall awake some morning to find that the nursing cause has dwindled to

something as small and petty as these so-called "national" and "international" councils.

When it is possible to adopt such high-sounding titles for such feeble societies, it is evident that push and brag have great power if they are left unopposed. And the humble unselfish nurse, who is expending her life in the service of the suffering, who is given up to good works, who has no thought of the judgment of this world, and no care for its applause, will find herself forbidden to labor at her vocation save under the rule of those who have openly stated that "a nurse's first duty is to Number One." That matrons and nurses should shrink from coming forward and joining in the disgraceful quarrels of the nursing world is only natural; but it behooves us now to face the personal strife and petty spite, and, for the sake of the most noble work ever vouchsafed to women, to come forward and speak.



NURSES FROM THE PENNSYLVANIA ORTHOPÆDIC INSTITUTE, PHILADELPHIA, PA., ON A HOUSEBOAT ON THE SCHUYLKILL.

# The Study of Materia Medica as Part of the Curriculum in Hospital Training Schools for Nurses

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**D**URING the past decade the standard of instruction in hospital training schools for nurses has continuously advanced. The entrance requirements are higher, thus affording more receptive pupils. The course in training has been extended, and the different subjects of study receive most thorough attention. This affords gratification to physicians, who have recognized the trained nurse as a most valuable assistant, and to those in charge of training schools who have the interest of their profession at heart. The study of materia medica is receiving at the present time its share of attention in training schools. Few would deny the value of the study of this subject, and I was much surprised when I heard different physicians express as their opinion, that "nurses need not know any materia medica."

I believe that there are physicians who do not approve of any theoretic instruction for the nurse, aside from ward work. Such a view would, of course, be incompatible with the requirements that have elevated nursing to a profession. But there is a reason for the opinion that "nurses need not know any materia medica." This reason may be found in the view the physician takes of materia medica, and of the unconscious effort made in some training-schools to leave the sphere suitable for nurses, and encroach upon that of the physician.

To the physician the study of materia medica is the study of that subject in its broadest sense. The study of the material, its indication and contraindication, and its action upon the human body in health and disease. It is to be regretted that it is often the endeavor of those who teach the subject in training schools to make the nurse "learn"

this whole subject. This is not only unnecessary, but for the nurse, impossible. Not only that, but during the attempt the nurse fails to learn and understand what is of daily practical importance for her to know. As a consequence, her work, as much of it as is concerned with drugs and their administration, is performed mechanically and not intelligently. The study of materia medica in training schools should have a definite object. When an effort is made to educate the pupil nurse in materia medica, and only in so much as really concerns her work, her work will be still more appreciated by physicians.

The sphere, which the subject of materia medica assumes for the nurse, is proportional to the practical application the nurse is able to make of her knowledge, and is necessarily limited by the time which the nurse has to give to a study of the subject.

The study of materia medica is, in its narrower sense, the study of drugs. When the nurse first sees the drug, it should be prepared, ready for administration. It is the duty of the pharmacist to prepare the drug and its pharmaceutic preparations. The education of the nurse cannot aim to give her the knowledge and skill of the pharmacist.

But the intelligent nurse should have a general understanding of the character of drugs in general; she should know the general nature of pharmaceutic preparations; for instance, how a fluid extract or tincture differs from a syrup. A nurse should be familiar with the names of drugs and the preparations that are in common use, and with some of the chief physical properties that such drugs possess. Whether a drug is soluble in water or insoluble. If the phy-

sician in the hospital ward orders a dose of sodium bromide, in the absence of definite directions, the nurse may know that it is best dissolved in a little water before administration, instead of placing the sodium bromide on the tongue and swallowing it with water.

Or if calomel is ordered, she will not try to mix it with water before giving it to the patient, but will place the heavy, insoluble powder on the tongue and then give a little water.

It is well for the nurse to know that the liquid sometimes labeled "KI" in the ward, is not potassium iodide, but only a solution of the salt, and that the dose of potassium iodide is expressed in grammes or grains, and not in drops.

*The methods of manufacture* of drugs, as described in some text-books on *Materia Medica for Nurses*, do not concern the nurse in the least. It does not interest the nurse to know, how solution of hydrogen peroxid is prepared, as long as she knows how it should be kept; when it is decomposed and useless; and the proper methods of using it.

*The indications for the uses of drugs* are not for the nurse to determine, but for the physician. As a rule, a physician will be on guard for emergencies, and leave directions.

Neither are the *physiological actions of drugs* of practical interest to the nurse.

After a nurse administers a drug under the direction of the physician, she may observe certain results (indeed the powers of observation of the nurse cannot be too highly trained), and it is only justice to the nurse that she should be instructed in the *therapeutic action* of the more important drugs.

As long as we require nurses to be women of intelligence, it should be the effort of all concerned in her training to elucidate all observations she may make which properly concern her work, that it may be performed intelligently, and not mechanically.

The physician does not usually remain with the patient while the drug manifests its action. If there be any untoward effects, the nurse should observe and report them to the physician. If, for instance, the nurse knows that acetanilid may be followed by severe depression of the circulation, she may recognize the symptoms of the condition and report promptly to the physician.

It has been my experience that great importance is often attached to the *teaching of doses* from a text-book in the class room.

It is right that the nurse should be familiar with the average doses of important drugs. But is equally certain that no nurse ever remembers doses that are only taught in the class room. The nurse should become familiar with the dose of a drug by observing the dose given at the bedside; this is the only way in which doses will be remembered. While it is never for the nurse to determine dosage, a practical knowledge of doses will facilitate taking verbal orders from a physician. The study of drugs and all *materia medica* is, first of all, practical in character, and for the nurse is chiefly a matter of observation.

The theoretic class room instruction in the study of *materia medica* should only have one purpose: To explain, in a methodical and logical manner, the daily observations in the ward.





# Information for the Obstetrical Nurse—Care During Confinement

S. Virginia Lewis, M.S.N.

Author of "Nursing," a Hand-Book for the Untrained

## FIFTH PAPER

**T**HE lochial flow usually continues for about two weeks, gradually diminishing in quantity; or it may not cease entirely until the end of the sixth week. It is more profuse in multiparæ than in primiparæ, in those who do not nurse their offspring, and in women who menstruate freely. In some cases the discharge is so abundant as may cause a nurse of limited experience undue apprehension, until she recalls her teaching that hemorrhage is accompanied by certain other physical signs, which symptoms, etc., will be referred to in a later paper.

It is not uncommon for the lochia to be partially, or even completely, suppressed upon establishment of the milk secretion. The normal odor of the flow is never foetid, though it is characteristic. For the first twenty-four hours the discharge is of blood along with clots and decidual shreds; during the next four days it may have become paler and watery, assuming a yellowish or greenish tinge about the seventh day.

Napkins must be changed when they become much soiled, perhaps every two hours for the first day, until, by the tenth day two or three napkins will be sufficient. Better than napkins are antiseptic dressings, which will require changing about every three hours until the discharge becomes scant, when about every six hours will be often enough to renew them.

After-pains seldom persist after the second day; and are usually absent altogether after prolonged labor, as in the case of a primipara. They are a good indication, showing as they do that the uterus is contracting

properly. They require no treatment, therefore, unless the pain should be so great as to deprive the patient of needed sleep. In that instance you may be directed to give a dram of paregoric in warm water, to be repeated when necessary.

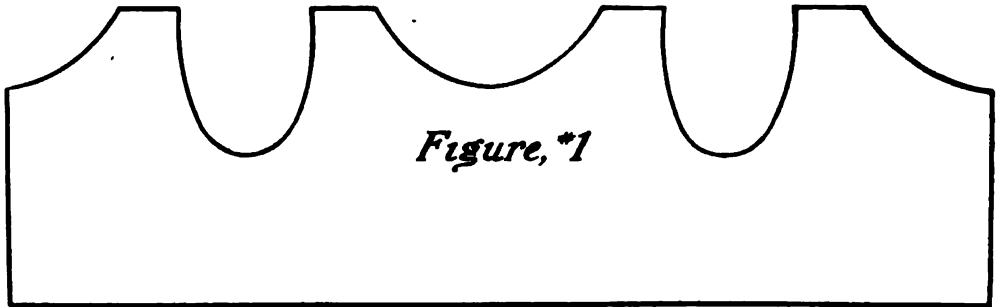
Surgical cleanliness of the breasts is a prime factor, just as it is in other details, and may prevent a great deal of future trouble. Take the case of a woman whose nipples are abraded or fissured, who is depending upon a careless nurse. The milk which exudes soon ferments on account of the heat of the body, and the germs of fermentation find ready entrance through the sore places, with abscess of the breast as the result. Lying-in women in general do not seem to comprehend that there is any connection between abscessed breasts and outside infection; so that the nurse would do well to explain to her patient her reason for taking precautions; that, after departure of the nurse, the woman may not fall into careless habits. An excellent method of treatment consists in bathing the nipples with sterilized water, then with alcohol or whisky; when dry, powder with boric acid. This should be done after every nursing. Before placing the child to the breast again, wash the nipples in sterilized water. For cracked and abraded nipples, paint them with Friar's balsam (compound tincture benzoin); or with a mixture of the balsam—one part to four parts of glycerine and water. To absorb any exuding milk, cover the breasts with salicylated or borated cotton.

Unless a woman has a perfectly good reason for refusing to nurse her baby, explain

to her that it is to her own and the child's interest to give it its natural food. Artificially fed infants, no matter how excellent may be other conditions, do not possess the same opportunity for thriving well, and should illness overtake them, their chances for recovery are diminished. No mother

internal medicines, as well as local applications to the breasts. A compression binder greatly facilitates matters, either in the form of a Y-bandage, or an ordinary roller bandage applied smoothly and with uniform pressure.

For the comfortable support of the breasts

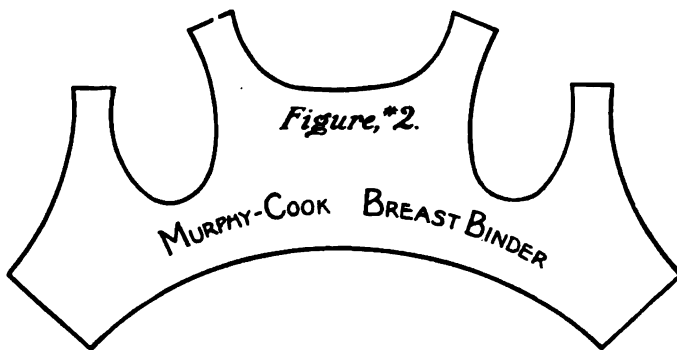


*Figure, #1*

has a moral right to jeopardize, in the least, the health of her child. As to the trouble involved in nursing an infant, it is as nothing to the task of preparing artificial food, keeping bottles and all other appliances in order, etc., though, of course, if this work does not fall to the lot of the mother herself, you will have appealed to her selfishness in vain.

On the other hand, there are reasons more or less imperative, why some women should

—not their compression—it is the custom of some practitioners to apply a breast-binder to every patient, upon establishment of the milk-flow. Let the nurse procure a piece of stout muslin—a straight piece, long enough to go round the body and overlap an inch or two; fold the material once, then fold again; in the double fold, cut deep notches for the arms; where the single fold and two edges come together, cut shallow notches to



*Figure, #2.*

not nurse their offspring, even should they be willing, or should they secrete milk in abundance. But, in some instances, at least, advice must proceed from the doctor exclusively. If for any reason the child is not allowed to nurse, the milk must be dried up, and the physician will likely prescribe

accommodate the neck. Also cut circular holes to accommodate the nipples, then fasten on the shoulders and down the front with safety-pins. (See Figure No. 1—shown above.) To insure snug fitting, a few darts might be taken in the garment.

What is known as the Murphy-Cooke

breast binder conforms much better to the outlines of the body. (See Figure No. 2—on preceding page.) I notice that the identical pattern is much employed (at least in Philadelphia) for the construction of corset covers, more or less elaborately trimmed; so I presume that it may be purchased at any store dealing in paper patterns, though I am not sure. It is a most satisfactory contrivance for the obstetrical patient—one which an ingenious nurse might be able to reproduce from the depicted drawing.

For the nurse who lacks ingenuity, let her procure a long straight piece of stout muslin—or if flimsy, it will need to be of double thickness—and cut it, say about eight or nine inches wide. This can be fitted over the breasts with safety-pins. Holes should previously have been cut to accommodate the nipples. At the top of each shoulder, if desired, may be pinned or sewed, a piece of tape, or narrow strip of muslin, crossed in the back like a man's suspenders. This will answer well enough as a support, when nothing better can be obtained; and when the breasts are pendulous and heavy the application of any such contrivance will be gratefully welcomed.

It is best to place the child to the breast, for its first nursing, only after the mother has had a much-needed rest of six or seven hours. After that every four hours will be often enough, until the establishment of the true milk secretion, which happens usually on the third day in a woman with a first child, and a day earlier in a woman who has borne a previous child. This gives the infant time to learn to nurse properly; besides, the early application to the breast promotes uterine contractions, thereby lessening any liability to hemorrhage.

Much thirst, a loss of appetite, a feeling of malaise, and slight elevation of temperature, are among the symptoms which may accompany the advent of the true milk secretion, and are not, therefore, alarming signs.

It is always advised that the child should not occupy the same bed as its mother. If it must, an oblong basket, comfortably wadded, may be arranged as a separate bed for the baby, to be placed alongside the mother, in her own bed, if she requests it. To be entirely separate, however, is the better rule, even to placing it in another room, should its crying disturb the rest or sleep of a woman who is very sick.

Unless the doctor should order otherwise, a daily full sponge bath is the rule for a lying-in patient. Perspiration is apt to be active, necessitating frequent cleansing of the skin. Employ tepid water, or water and alcohol.

#### DIET OF THE LYING-IN PATIENT.

The subject of diet is another upon which doctors differ, sometimes materially. For instance, a certain very successful obstetrician of wide practise, orders no departure from the regular fare, for the first day; and for that one dinner he permits his patient to eat anything she likes, provided it ordinarily agrees with her, even should she choose boiled beets, or raw oysters with vinegar, or meat and fish of any kind. Neither does he restrict the quantity. He says this gives the patient a good start, and certainly I had as excellent success with his as with other physicians' patients. On the second and third days, he permitted nothing but liquids, with a gradual return to full diet.

Still other doctors allow, as a rule (others only exceptionally), tea, coffee, milk, or clear soup, etc., immediately after labor, if it be craved. Another rule is, liquids for the first day; semi-solid foods like custards, soft-boiled eggs, etc., for the second day, with moderately full diet from this time on. Still another rule is, nothing but liquids for the first two days. In a perfectly normal case, where the question is left to the judgment of the nurse, let her be guided by indications, remembering that any rise of temperature means fever diet—liquid diet. It is best,

though, to obtain the individual doctor's wishes on the subject.

Liquids promote the lacteal secretion; therefore the nurse should regulate the amount of tea, milk, water, etc., accordingly. The demands made upon nursing mothers are heavy in any instance, and as liberal a diet should be urged as conditions will warrant.

The nurse should try to vary the monotony of a liquid diet as much as she can, by a judicious serving of oyster or clam broth; milk, in which different vegetables have been cooked to give it a desired flavor; cocoa, coffee, bouillon, tea, chicken, lamb, and other meat broths, etc.

Much more diversity is afforded by semi-

solid diet. Here we have the different cereal preparations, which are so highly nourishing eggs, also, which may be served upon toast or in various other ways, but always cooked soft; milk toast, tapioca, arrowroot, cornstarch and other puddings, stewed fruits, baked apples, jellies, junket, either plain or with an egg; besides many other articles which will suggest themselves to the resourceful nurse.

The daily report should contain minute references to the woman's condition as regards after-pains, dejections, urine, lochia, nourishment, sleep, etc., though after the first week, a simpler record will be all that is necessary.



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# The Post-Operative Treatment of Patients Operated Upon Abdominally

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**I**N CONSIDERATION of the after-treatment of operative cases, the nurse should realize that the execution of the details of the treatment is in her hands, and that absolute care and caution is just as essential for a successful issue of the case as in the stages of the operation itself. Thorough care in the preparation of the patient for an abdominal operation, and care and the execution of wise judgment following the operation are undoubtedly attended with a calm convalescence in most cases. In fact, I am persuaded that many of the bad results which follow abdominal section are in many instances due to the hurried, untidy and incomplete preparation of the patient, and to faulty judgment and undue kindnesses following the operation, the latter being fostered by sympathy from the patient's suffering. It behooves you, the nurse, therefore, to be careful and firm, though kind to the complaints and desires of your patients. After the completion of the operation of abdominal section, or, indeed, before its completion, it is your duty to see that the recovery room is properly prepared for the reception of the patient. The bed should be in a position favorable for the disposition of the patient, of easy access, and unobstructed by carelessly placed chairs or tables. Nothing is more aggravating to the attending surgeon than to find a bed unprepared, or in a position to hinder this procedure, and thus compel him and his assistants to keep at equipoise, one, two, or even, as in some instances, three hundred pounds until the necessary preparation is made.

The nurse should make sure before the patient is transferred from the operating room to the recovery room, that the temperature

of the latter is near or equal that of the operating room. In other words, the patient should not be suddenly transported from a room of high temperature to one of low degree. The bed clothing should have been previously warmed and turned down. The bed should be provided with a mackintosh, a draw sheet, and over this a mackintosh, an ordinary sheet and a draw sheet. (The mackintosh should only be in place when danger of soiling the bed is present.) The part receiving the head of the patient should be protected by a mackintosh over spread with a towel. No pillows should be allowed the patient during the first twelve or twenty-four hours (particularly if much gastric disturbance or shock exists). After all cases of anesthesia, as is well known, more or less congestion of the respiratory tract results from the irritative action of the anesthetic.

This causes, of course, the production and expectoration of varying quantities of mucus; therefore, you should have conveniently provided a towel and receptacle for the reception of this material. Moreover, there is also, as a rule, considerable gastric disturbance and vomiting, and these agents will also serve the purpose of collecting the expectorated material. I have already advised that the temperature of the room should be neither too hot nor too cold. It is equally important, however, that a certain amount of ventilation be secured. This is usually left to the judgment of the nurse and she, in securing it, must of course, exercise care not to expose her patient to draughts. It is well known that many of the cases of so-called ether pneumonia, or post anesthetic pneumonia, are not simply the result of the irritative action of the anesthetic, but in many

cases due to neglect in securing proper temperature of the room and exposing the patient to draughts. It is wise during the first twenty-four or forty-eight hours to keep the room darkened, for by this means you help to bring about rest and quiet to your patient.

*Visitors.*—Visitors have no place in the convalescing room, and the nurse should consider it her divine right to exclude everybody from the room until the attending physician directs otherwise. Nothing disturbs a patient more, following an operation, than to have relatives and friends present in the room, pouring forth expressions of sympathy and suggesting means for her relief.

*Records.*—It is very important that an accurate record be kept of the patient's condition; her temperature, pulse and respiration should be taken during the first twenty-four hours at frequent intervals, every three hours, at least. After this time, if convalescence is not interrupted, three times a day, or morning and evening is sufficient. The presence or absence of vomiting should be noted; whether the patient is restful or restless, the character, quantity and time medicines are given; the character, amount and frequency of all evacuations, whether catheterization was necessary. You should then be provided with charts and record blanks necessary to record these observations.

After the patient is placed in bed, your first efforts should be directed to secure comfort for the patient. Of course, during the stage of reaction you should be constantly at her side in order to prevent undue movements, to protect both the patient and bed from being soiled by materials vomited; to note any alteration in the general condition of the patient and prevent any disturbance of the dressings. As regards the general condition following operation, I have said the pulse, temperature and respiration should be taken at intervals of every two or three hours. After an extremely severe operation, however, these should be taken at shorter

intervals. If any exciting or undue disturbance becomes manifest in the patient's general condition, the surgeon should be immediately notified. During the stage of reaction, the patient should remain absolutely flat on her back, with the head on a level with the body. If vomiting is present, the head should be turned to one side, the vomited material being caught in towels or basins provided for this purpose. During this stage, you know, the patient is partially conscious, and, therefore, foreign materials may be carried into the trachea, blocking the respiratory excursion and causing death, or particles may be drawn into the lungs and give rise to the condition known as inspiration or deglutition pneumonia; and, again, I believe that many of the cases of post operative pneumonia are not due to the action of the anesthetic, but in a large measure to the inhalation of these substances. After the state of reaction, the maintenance of one position becomes irksome and extremely painful; therefore, you can now greatly add to the patient's comfort by placing your hands beneath the patient's back, thus allowing air to pass underneath and cool and rest the heated tissues. The limbs can be elevated and supported upon pillows. After a time, or when the patient fully recovers from the anesthetic, you can turn her from side to side, being careful, of course, to turn her slowly and cautiously. This is best accomplished by simply raising the mattress on one side and tucking pillows underneath. However, should a drainage tube, particularly glass, be present, this procedure would not be indicated, though the presence of a soft rubber tube or gauze drainage does not necessarily speak against moving the patient. The advantages of moving the patient are: that it is restful, it may assist in overcoming pain by allowing the intestines to escape from raw surfaces. It thus prevents the formation of adhesions, and assists in keeping the intestinal movements active. There are cases in which following operation

the patient is placed with the head and shoulders low, and buttocks and lower extremities elevated. This is done in order to secure what is called postural drainage. In these cases, therefore, the patient could not be moved so conveniently from side to side. The advantages of this position are that, the surgeon allowing a large quantity of salt solution to remain in the peritoneal cavity, dilutes any poison that may be present, and distributes it over a large absorbing surface. The presence of the salt solution aids in overcoming thirst, by its stimulating action combats shock, and relieves pain by keeping the intestines from coming in contact with raw surfaces. It also prevents the formation of adhesions.

Moving the patient has other advantages. By doing this you are able to keep the bed linen smooth, clean and dry. You are able to massage and apply alcohol to the patient's back, and thus adopt measures to prevent the development of the distressing bed sore.

Modern nursing has largely banished this unfortunate complication from the sick room, and the faithful, conscientious nurse who has this catastrophe to develop, keenly feels her responsibility. However, in some instances the general condition of the patient is such at the time of operation that bed sores are rarely looked for, though it is in just such cases that your efforts and energies should be doubled to prevent their occurrence, for it is in this class of patients that the complicating bed sore may prove the drain sufficient to bring about a fatal termination of the case. In other words, if by your efforts this complication is prevented, the life of the patient may be saved.

*Thirst.*—One of the earliest distressing symptoms following the operation of which the patient complains, is intolerable thirst. Now, thirst can to a certain degree be combated by allowing a large quantity of salt solution to remain in the abdomen at the time of operation. This is, of course, the duty of

the surgeon, and many surgeons resort to this measure to-day. However, the treatment of the condition will usually fall to you. Ordinarily you refrain from giving any water by the mouth during the first twelve hours, or in other words, until the patient has completely recovered from the anesthetic. After this period it is well to begin by giving the patient small quantities of hot water at frequent intervals from a horn or wooden spoon, in order to prevent burning the patient's tongue or lips. After this period the quantity of water can be increased, and cold water can be given, particularly if no gastric disturbance is present. Ice water should not be given under any circumstances. It does not quench the thirst, and besides, tends to the accumulation of gas in the intestinal canal. Ice itself should not be given under any circumstances whatever to patients operated upon abdominally. It simply aggravates the thirst, causes the tongue to become dry, furred, cracked and sore, and is one of the most prolific sources of tympanites. Should vomiting be present, you would totally abstain from giving any water by the mouth, and endeavor to overcome the thirst by other means. Now, there are certain methods which come in your province to adopt, and which overcome this condition quite effectively. The first of these is rectal injections of salt solution, using a pint or more at a temperature of 110° F., and repeating this at intervals of four to six hours. The second method consists in the employment of hypodermocleisis, injecting salt solution underneath the skin in the neighborhood of the breasts or thigh, or between the scapulæ, using sixteen, twenty or more ounces of salt solution at a temperature of 110°, and repeating at intervals of four to six hours.

*Diet.*—Diet is, of course, also of great importance, and the character of the food a patient shall receive will depend somewhat, of course, upon the nature of the operation. You can well understand with an extensive

operation upon the intestinal canal, more caution would be taken in its selection, and different foods would be given than in ordinary operations upon the uterus and its appendages. However, in an ordinary abdominal operation, the general rule is to withhold practically all foods until the bowels have been thoroughly emptied, or until measures have been successfully established to secure this result. As a rule, no food is given during the first twenty-four hours. After this period small quantities (one to two drachms) of beef juice, beef extract or liquid peptonoids or similar agents can be given. These, I say, should be given in small quantities at frequent intervals. After the third day the quantity of these foods can be increased and other articles of diet, such as beef tea, chicken broth and strained soup can be added. On the fourth day the patient can be started upon semi-solid diet, giving soft boiled eggs, custard, junket and rice. On the fifth day, as a rule, if, of course, the convalescence has been uninterrupted, the ordinary diet can be given.

*Intestinal Canal.*—I said in discussing the diet that feeding should be started just as soon as thorough action of the bowels is secured. Now, just as soon as the ordinary nausea and vomiting ceases, or in fifteen or eighteen hours after operation, steps should be taken to have the intestinal tract emptied. Many methods are mentioned to accomplish this, but the one most frequently used and the one endowed with the best results, is as follows: Starting the patient with 1-10 or 1-5 of a grain of calomel every twenty minutes or every half hour until one grain or a grain and a half is taken; then at the expiration of two or three hours a seidlitz powder is given.

(To be continued.)

The latter agent, in fact both the calomel and the seidlitz powder, help to control any nausea that might be present. Epsom salt or magnesium sulphate is also very efficient and very frequently employed as the active purge. The above seems to be the most satisfactory method, though licorice powder, castor oil and Rochelle salts, and other agents can be employed. Should the patient complain of pain and distress in the abdomen after the administration of a purgative from the excitation of intestinal peristalsis immediate relief can be secured by giving a rectal injection of one ounce of powdered alum in a quart of warm water, or the simple soap-suds enema.

Early evacuation of the bowels is very desirable because it prevents the accumulation of tympanites; it assists, as I have mentioned, in controlling nausea and vomiting and by exciting the normal peristaltic action of the intestine it prevents the formation of adhesions, relieves pain and combats inflammation.

Now, as a result of the early evacuation of the bowels, the bed pan will, therefore, necessarily be employed, and the nurse should early learn the position this occupies in the sick chamber. First, you should use only one which has been carefully tested and found perfectly sound. There are numerous cases recorded where delicate and damaged bed pans have been, on account of breaking underneath the patient, responsible for severe injuries, and cases have been reported in which complete lacerations of the perineum have occurred. The bed pan should be at all times perfectly free from any roughened or sharp, cutting edges. It should always be carefully warmed prior to its use.



# Nursing in Diphtheria, Intubation and Tracheotomy

Dr. Wm. Dunton Schrack

**D**IPHtheria is an acute constitutional disease. It is produced by the Klebs-Loeffler bacillus, and is of an infectious and contagious nature.

It is characterized locally by the presence of a fibrous exudate upon the mucous membrane of the pharynx, and is less frequently seen upon the mucous membrane of the nose, larynx, conjunctiva or any mucous surface or wounds on the body.

For convenience, the disease is divided into the predisposing and the exciting causes. In the former class, the most important factor is the age of the patient. It occurs most frequently between the second and fifteenth years. It may occur before the second year, or even in adults. The period in which the largest number of cases is found is from the second to the fifth year. The disease is more common in cities than in the country. It is more prevalent in the overcrowded tenement portions of the city where the sewerage, drainage and sanitary conditions are poor. These are all the lurking places for the germs. The disease often attacks those who are apparently in perfect health at the time of the onset, though a weak, feeble condition, brought about by any of the acute infectious diseases, makes these persons more susceptible than the healthy. Any diseased condition of mucous membrane of mouth and especially enlarged or diseased tonsils afford a favorable entrance for the Klebs-Loeffler bacilli than where the mucous membrane is healthy.

The disease occurs more frequently between the months of October and March. Nurses, physicians and those who care for patients suffering with the disease are liable to contract it. The condition of the throat following scarlet fever leaves the patient very susceptible to the diphtheria bacillus.

The exciting cause of diphtheria is the Klebs-Loeffler bacillus. This germ has great tenacity of life. It exists outside of the body many weeks, and even months, so that it is impossible to trace the source of infection. It may, in many cases, be due to direct contagion, as in the act of the mother kissing the child with the disease. During the examination of a patient, coughing may dislodge particles of membrane or infected saliva in the face of the physician, or nurse, and the disease is produced. The most usual method of infection is through infected articles of clothing, bedding, dishes, etc., which have been used for a diphtheritic patient. The germs remain in the mouth and nose of patients long after they have made a complete recovery. The expectoration of these patients has been found to contain virulent germs, which may be scattered broadcast and infect susceptible persons. It is also common to find the germs in the mouth and expectoration of those in attendance upon a patient suffering with the disease. There seems to be some peculiar resistance that such a person has to the diphtheria bacillus resulting in immunity from the disease, but they may convey it to others.

The disease is also carried in milk. That is probably one reason for children contracting the disease, as milk is such an important part of children's diet. The infection has been conveyed by domestic animals (cats and dogs) which children have played with during convalescence. It is more probable that the germs enter the mouth through articles which infect the food than through the dust and inspired air.

The period of incubation varies according to the mode of contagion and infection. The incubation has been as short as twenty-four hours, where particles of the membrane

have been coughed into the mouth of nurse or physician. The usual period is three to four days, though it may be as long as a week. After the expiration of a week and the disease does not develop, there is very little danger of contracting it. The symptoms of diphtheria are both constitutional and local.

The constitutional symptoms are the result of the absorption of the disease. Local symptoms are those which are due: First, to the inflammation of the upper respiratory tract, in which the exudate is found; secondly in some of these regions as the nose, and in the larynx, by the exudate, which causes a mechanical obstruction.

The diphtheritic exudate is dirty gray in color. Where it extends so deeply into the tissue, it cuts off the blood supply to the tissue. The exudate then becomes gangrenous and the color may be dark green, or even black. It is almost impossible to wipe off the membrane. It may be pulled off by tissue forceps, but this should never be done. It will leave a bleeding surface, and the membrane will reappear in a few hours. From the fourth to the tenth day the membrane can be seen to melt away on the edges, becomes loosened and curls up toward the end. In examining the throat it causes gagging, which frequently results in casting off this curled up membrane. In the severe form of the disease, the patient is suddenly prostrated; the skin has a dusky, dingy hue, and the child may pass into a semi-comatose condition. There is a very foul odor to the breath, which is noticed immediately upon entering the room. The urine is scanty, or may be entirely suppressed.

Laryngeal diphtheria is usually secondary to the pharyngeal type. The first symptom noticed is a dry cough, accompanied by hoarseness of the voice. In any case of diphtheria, whether the laryngeal or nasal type, if this symptom appears the nurse should watch the patient more closely even than before. If the cough becomes tighter and assumes the

type known as "croupy," cough or if there is progressive dyspnea, stridulous breathing, or aphonia, the physician in charge should be notified at once.

At first these symptoms may disappear and be less marked during the day, but return with greater intensity the next night. The dyspnea then becomes alarming and is usually relieved by the patient coughing up part of all of the membrane, or is operated on, death soon follows. At this time the sterno-cleido-mastoid muscles stand out almost as distinct cords. During inspiration there is a marked sinking in above and below the clavicles. The patient, which is generally a child, becomes very restless and clutches at the mouth and throat, as if trying to rid itself of the existing obstruction. Convulsions are common and in rare instances during one of the convulsions a membranous cast of the larynx may be expelled. The cyanosis due to the dyspnea will clear up and the child recover.

It is very unsatisfactory to the physician to examine the larynx of children suffering from laryngeal diphtheria. There is generally no evidence of the disease in the pharynx or the nose. The bacteriological examination always confirms the diagnosis, though treatment is never delayed for the diagnosis, as it is urgent to begin treatment promptly.

The common sequelæ of this disease are diphtheritic paralysis, otitis media, acute nephritis and suppuration of the glands in the neck. Paralysis usually affects the soft palate. It will be noticed that the patient swallows liquids with difficulty, and that it regurgitates through the nose. The voice is changed and has a peculiar nasal twang. The muscles of deglutition are affected. If the patient is unable to swallow, the feeding is carried on by the stomach tube. The lightest case of diphtheria should be nursed with the utmost care, as it may develop suddenly into the most virulent type. Heart failure is liable to occur during any stage of the disease. Children that have been pro-

unced well have suddenly dropped dead th heart failure. It is the duty of the nurse keep the patient flat on his back and as quiet as possible. The greatest care and attention should be taken to prevent the spreading of the disease. It is here that a good nurse may give valuable service to the public by using every precaution to prevent the spreading of this or any contagious disease.

is only since such rapid strides have been made in the bacteriological laboratories that we know how to prevent the disease spreading. Since it has been discovered how long the virulent germs remain in the mouth, nose and throat of patients who have completely recovered from the outward signs of the disease, absolute and complete isolation should be insisted upon, not only during the time the patient is sick with the disease, but as long as the *Kleb-Loeffler bacilli* are found in the mouth, nose and throat of the patient. This is the only way we can keep from scattering broadcast the germs of the disease.

It is claimed that immunity against the disease is produced by the injection of the diphtheria antitoxin in doses varying from 200 to 1,000 units, according to the age of the patient. This renders the individuals immune in the majority of cases. It does not always do so, for those who were supposed to be immunized have become infected about a week after the antitoxin injection. Immunization from antitoxin does not last indefinitely, but apparently only for a few weeks or months at the most. If a person is later exposed to the germs of diphtheria, immunizing doses of antitoxin should again be administered.

A very important precaution against the disease consists in remedying any diseased condition that may exist in the throats of children, such as enlarged tonsils, and adenoid found in children predisposes them to the contagion of diphtheria.

The nurse should spray her mouth and throat with 1-5000 bichloride every three

hours. Care should be taken not to swallow any of the solution, as diarrhoea and symptoms of mercurial poisoning may follow. The mucous membrane of the nose is very sensitive to bichloride and should not be used. A spray for the nose is made from Seiler's tablets.

The hygienic treatment consists in a well ventilated room, and the removal of all unnecessary furniture, carpets and pictures. Where it is possible, an iron bedstead with wire springs should be selected. A straw mattress or one that may be burned, a couple of wooden chairs and tables, are all the articles that should be kept in the room. The temperature of the room should be 72°. All draughts should be avoided. It is well to keep a kettle of water boiling, so as to moisten the air. The diet should be fluid-milk and lime water, peptonized milk, buttermilk and beef tea being most easily digested and assimilated. The muslin, gauze or cotton used in wiping away the secretion from the mouth and nose should be immediately burned. After convalescence and the bacteriological examination show the air passages perfectly free from the *Kelbs-Loeffler bacilli*, the clothing and bedding which have been in contact with the patient should be disinfected by steam. The other articles in the room, floor walls and ceiling, should be washed off with 1-1000 bichloride solution. After it has been thoroughly disinfected with formaldehyde, it should be repainted and papered before being occupied again.

*The Constitutional Treatment.*—The use of diphtheria antitoxin is universal. To get the best results, it should be administered early in the disease, though it may be given no matter how late the physician is called in. The dose is from 2,000 to 3,000 units, administered by a special hypodermic syringe. In severe cases, half of the maximum dose may be repeated twenty-four hours after the first injection.

A rash like urticaria often appears after the

use of antitoxin. It disappears in a few days, though it is very annoying while it lasts.

*The Internal Remedies Used.*—Administration of a dose of calomel. Tr. Ferri Chlor. one part, glycerine four parts—given in water every two hours to a child one year of age. The condition of the heart is to be very carefully watched. It is important to remember that heart failure makes its appearance often early, and at other times when convalescence is almost established. Nothing seems to increase the liability to heart failure so much as "fussing" over the child, allowing it to sit up or carrying it about in the arms in an upright position. The child must be kept on its back and quiet so as to give the heart the smallest amount of work. In the severe cases where the parts are considerably swollen, thick, tenacious secretion is present in the back of the throat. Loeffler's solution is used as a spray or applied with a cotton swab. The solution is made as follows: Ten parts of menthol, dissolved in tolnol q. s., to make thirty-six parts; to this is added four parts of liquor Ferri sesquichloridi and sixty parts of alcohol. Peroxide of hydrogen diluted with equal parts of water is also often used to remove the mucus.

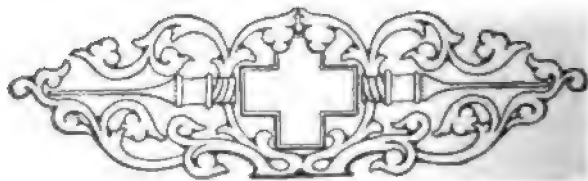
Young children generally struggle violently when the throat is being treated. This violent exertion produces so much exhaustion and extra taxation on the heart, that it does more harm than good. Just as soon as a child begins to fight and struggle the treatment is stopped.

If washing the nasal cavity is ordered, child should be pinned in a blanket from the neck to feet in such a way as to fasten the arms down to the side and to enclose the feet so that struggling cannot take place. The child should be laid on its side on a table covered with rubber sheeting, which should overlap the edges so as to allow the solution to run into a bucket on the floor.

A large douche bag is used. A glass nozzle is attached to the tube, which is inserted into the child's nostril. The bag is raised from one to five feet above the child's head. A great deal of pressure is necessary sometimes to loosen and dislodge the membrane. After the nasal cavity is once cleared it is only necessary to wash it every 12 hours.

When the symptoms of laryngeal diphtheria appear, the atmosphere in the room should be kept moist. The way to get the greatest amount of moisture is by using a croup tent, which is arranged in this manner: To the four corners of the bed attach firmly in each corner a broomstick. Stretch a blanket or sheet firmly over the top, so that it hangs down over the four sides and entirely covers in the bed, leaving only a small opening at the head at one side to watch the patient. A steaming kettle, with a rubber hose attached to the spout, should be kept boiling continually, the hose being only a few inches from the mouth of the patient, though not near enough to scald. Breathing moist air seems to limit the amount of congestion and assists in the resolution of the membrane.

(To be continued.)



## The Visiting Nurse in Honduras

Alice Josephine Nordlind-Hetherington

Graduate of Battle Creek, Mich., Sanitarium, Matron Central American Medical Mission, Bay Islands, Rep. Honduras, C. A.

**W**ILL you please come and see my wife?" was the anxious inquiry of a middle-aged man who called at the office one pleasant afternoon. "What is your wife's trouble?" I asked. "Oh, ma'am, she is very sick, too sick with a bad fever which has held her now for eight days gone. She is very weak, ma'am, very weak." "Yes, I will call and see her," I replied; "you may look for me within half an hour." And as the man left the office, I began to make preparations for the visit. But scarcely had twenty minutes passed before the man returned and said his wife was growing weaker all the time. So weak, in fact, he feared she would die before I could reach her. He took the emergency bag and we hastened to the home.

The news of a critical illness had already been spread, for the neighbors had gathered about the place in a goodly number. A dozen or more were standing about the doorway, talking over the seriousness of the condition. As I entered the house I found the large reception room darkened and well filled with sympathizing friends. They made room for me to pass into the sick chamber. It was small, the air was foul—even stifling, and but for the dim light of a kerosene lamp, would have been as dark as the darkest night. For the doors and shutters were tightly closed and every crevice or crack, through which a ray of sunshine or fresh air might possibly have found entrance, was tightly stuffed with pieces of cloth. Six or eight excited women, Job's comforters, were in this room, talking together about the patient, telling of former friends who had died with just such trouble, and saying there seems no hope for this patient to survive the night. The patient having been confined

over a week amid such depressing influences, it would seem, indeed, that there was little, if any, hope.

I requested the lamp to be removed and the darkened windows opened wide. The native physician, who had been attending the case left strict orders that no fresh air, much less a breeze, should be allowed to reach the patient, so, while they were at first reluctant to open the windows, they did so, willingly, when I assured them it was for the best. Next I requested the women to leave the room, permitting only the mother and a sister to remain.

In a corner was the sick woman, a thick canopy (a necessity in this country as a protection from sand flies, gnats and mosquitoes, covered the bed on which she lay, and was tightly tucked in on every side. I tied up the canopy and found my patient wrapped in two heavy blankets and head tightly bandaged with a cloth. She was doubled up, scarcely able to turn herself for an excruciating pain in the right side. Her skin was hot and dry; temperature, 105°; her lips were parched; she was famishing with thirst, but the drinking of cool water had been forbidden. I removed the bandage from the throbbing head, freed the patient from the heavy blankets, and covered her with a sheet. I gave her cool water to drink, which revived her; administered the cold sponge bath and applied a fomentation over the seat of pain. After repeating the treatment the patient felt easy and comfortable and rested well that night—the first sleep she had had for several nights. After a few days of careful nursing this patient was fully restored to health.

The ideas that prevail among the common people of Honduras with reference to the care of the sick are well illustrated by the above

case. In health, fresh air, sunshine and frequent bathing are liberally and fully enjoyed, but in sickness there seems to be a prevailing idea that these great blessings are to be carefully avoided. In fact, the bathing of the sick body is considered quite out of place and even detrimental. When an individual has recovered from an illness sufficiently to be about and is asked concerning his health, the reply is more than apt to be: "Quite well, thank you, I was able to take a bath this morning," which is to say the recovery is considered about complete. It is not at all uncommon for those calling at the dispensary for medicines to ask if it would be safe to take a bath while using the remedies.

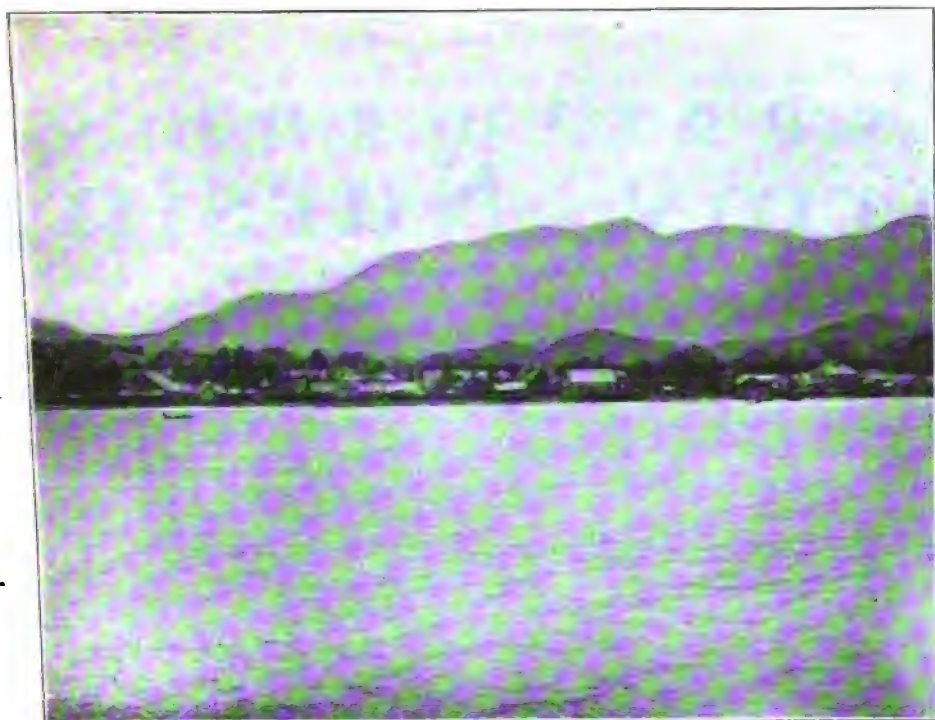
As a rule, dwelling houses are built up two to six feet above the ground and liberally provided with windows. This is very desirable in this tropical climate, for it allows the breezes to pass beneath and through the

houses freely and adds materially to general comfort. But many of the houses are tightly closed at night and the cracks stuffed to keep out the "deadly night air," which is believed to be laden with fever and dreaded disease. Thus shut up at least eight hours out of every twenty-four in a small house where a large family is sleeping, it is not at all to be wondered at that many have lowered vitality and are easily susceptible to disease.

This gives some idea of what the visiting nurse has to meet and combat among the many of the out-patients in Honduras. A knowledge of physiology, personal hygiene and the proper care of the body is sadly lacking. And yet they are a kind, hospitable people and readily show their appreciation for instruction and assistance rendered in times of sickness. Many are anxious to learn modern rational methods, and are quick to adapt and practise the same.



ALMA, MICH., HOSPITAL IN WINTER.



A HONDURANIAN VILLAGE



A HOME IN BAY ISLAND REPUBLIC, HONDURAS



# Department of Army Nursing

**Dita H. Kinney**

Superintendent Army Nurse Corps

The interesting subject of weddings still claims the attention of the superintendent and members of the Army Nurse Corps. While there have been several of these, the details of one only have reached the office of the Surgeon General:

"A very pretty wedding at the San Augustin church last evening was that of Miss May L. Cashman and Mr. Charles W. Holloway, Father O'Mahoney officiating. Miss Nellie Moore (army nurse) was bridesmaid, while Mr. L. J. Bennett acted as best man. After the ceremony the party repaired to the Hotel Metropole, where the wedding refreshments were served. The bride appeared charming in a pink silk gown, and the bridesmaid was similarly attired. Mrs. Holloway is from Ottawa, Canada, and has been a resident of Manila for some time. Mr. Holloway's home is Newport, Va., and he is the proprietor of the Crescent Livery Stables. The happy couple will reside at "The Hidalgo" on Calle General Solano, where they will be at home to their friends."

Miss Eva Trenholm, chief nurse, First Reserve Hospital, Manila, and formerly chief nurse at Dagupan, was married August 31 to Mr. Charles Green, a practising lawyer of Manila and a native of Washington, D. C. No details of the wedding have as yet been received.

Two new hospitals have been opened to the nurses of the corps—one at Zamboanga, Mindanao, the other at Camp Marahui. At present there are four nurses on duty at the former hospital and two at the latter, with two more to be added as soon as suitable quarters can be completed. The four at

Zamboanga are Emma Haefner, Helen O'Brien, Julia Wollpert and Eleanor Underwood. At Camp Marahui, Agnes McLean and Cora Snell.

Nurses Annie A. Daly, Ida M. Marker and Frances B. Story have been transferred from Iloilo to the First Reserve. From indications, it would seem that the hospital at Iloilo will be closed and changed from "base" to a post hospital. This will mean the probable withdrawal of nurses, as the surgeon general has never approved the presence of female nurses at post hospitals.

The transport *Logan* arrived in Manila September 1, carrying Chief Nurse Lucia E. S. Flick, whose assignment has not yet been reported.

Nurses Isabelle Bamber and Norah Berg sailed from San Francisco on the transport *Thomas* September 1, en route to the Philippine Islands for assignment to duty there. Nurses Annie Bartholomew and Margaret Pierce, who left the United States July 1, arrived at the First Reserve August 2, and the latest reports were awaiting permanent assignment.

The discharges in Manila of Nurses Eva Dora Weber, Mrs. Lillian Krauskopf and Edith A. Mason have been reported to the Surgeon General's office by cable.

Miss Amelia Keck and Mrs. Henrietta Arnold arrived by transport *Sheridan* August 15. Both requested orders to their homes for discharge, expecting to be married later on.

Mrs. Ella B. Dones, on duty at the U. S. General Hospital Presidio, San Francisco, has been discharged on account of physical disability.



Miss Sibbie Wilson, after four years and seven months of faithful and valuable service, has been discharged at her own request to enable her to take a much needed rest.

Nurses Agnes Young, Sylvia Call and Ida E. Vanderhoef have been transferred from the General Hospital, Presidio, San Francisco, to the General Hospital, Ft. Bayard, New Mexico. The Surgeon General, having fixed the tour of duty at the latter hospital at one year, Chief Nurse B. Matilda Unger and Nurses Christiana M. Bauer and Mary V. Lyons, having completed their terms, have been relieved from duty there and ordered to San Francisco.

To fill the vacancies created by these many discharges, Nurses Mary J. Kennedy, Edith L. Richmond and Edith M. Shaw, all old and tried army nurses have been reappointed, also the following new appointments :

Clara M. Stedman, graduate of St. Mary's Training School, Salt Lake City, 1903; Eleanor Lason and Nellie Mabel Jones, graduates of Butterworth Hospital, Grand Rapids, Mich., 1898 and 1901, respectively; Sidney Buford, graduate of Charity Hospital, New Orleans, 1900; Mona E. Martin and Hansire K. Solbeck, graduates of the Colorado Training School, 1903.

Examinations of nurses for promotion to the grade of chief nurse will be held in San Francisco and in Manila between October 10 and 15.

Four nurses have been recommended for promotion at the former place and two at the latter. Reports reached the Surgeon General's office of the studious habits of the various candidates and high ambitions on the part of them all to pass *cum laude*.

### Buffalo Homeopathic Hospital A. A.

The regular meeting of the Nurses' Alumnae of the Buffalo Homeopathic Hospital, was held on September 15, with Mrs. John Livingston Brodie, 2353 Main Street, class of 1900.

The meeting was well attended and called to order by Mrs. Brodie, second vice-president, Miss Poole taking the chair *pro tem*.

Miss Herendern's name was proposed for membership, class of '93.

The following committees were named:

Entertainment Committee—Chairman, Mrs. A. J. Martin, Misses Gardner, Lambert and McConnell.

Programme Committee—Chairman, Miss M. P. Smith, Misses Snyder, Stauch and Gurr.

Sick Visiting Committee—Chairman, Mrs. Hipp, Miss Stoney, Mrs. Bell, Misses Holden and Huntington.

After the regular business of the association the Alumnae, with a few invited friends were entertained at tea by Mrs. Brodie, assisted by Misses Poole and Holden.

The house was beautifully decorated with flowers and the school color.

MARY J. COLE, Cor. Sec'y.



# The Diet Kitchen

Mary Caldwell

## STEWING AND BRAISING.

In stewing, pure and simple, the object is to have the flavors partly in the food material and partly in the gravy, and differs from boiling in this respect as in several others, as the much smaller quantity of liquid used and in the lengthened application of a uniformly low temperature. When a medley of different things are to be eaten together, no better way than stewing can be devised, since what one loses the other gains and *vice versa*. To cook a stew of meat and vegetables, the vegetables should be washed and trimmed and mixed with the seasoning and put into the pot in layers and then a small amount of cold water should be added, and placed over a hot fire and brought to the boiling point quickly, then set back where the fire is not so hot and simmered until the meat is tender; it should be stirred occasionally to keep it from being burnt by sticking to the sides. Another good way is to use a Nottingham stew-jar or fire-proof casserole. The material is put in in the same way and the jar is put into a slow oven and be left to take care of itself. This latter method will prevent any odor of cooking filling the house.

Braising is only a more elaborate form of stewing. Either large or small or tough or tender pieces of meat may be used for braising. The time of cooking will depend upon whether it is a tough or tender piece, the tough piece, of course, taking the longer time. For braising, it is a good plan to chop the vegetables evenly and fine; make a bed of them in the bottom of a covered pan, putting some butter in first, then lay the meat on top of the vegetables, cover tightly, set on top of the stove and cook for fifteen minutes, giving the pan a shake occasionally to prevent sticking and burning. Then pour in enough

stock or water to just touch the bottom of the meat, cut a piece of white kitchen paper to about the size of the pan, butter it and lay it down closely over the meat and vegetables, so as to keep in all the steam. Put on the cover and simmer gently till done. The meat should be basted every twenty minutes with some of the gravy in the pan. When the meat is done, take it up and brush it over with butter and put it in the oven to brown. The oven should be hot, so that it will not take more than ten minutes to brown it nicely. Strain out the vegetables, make a nice gravy. Remove the meat, when browned, from the oven to a hot platter, pour the gravy around and garnish the dish with the vegetables, which should be seasoned with salt and pepper, as well as the meat and gravy. If the vegetables are not used in this way, they may be put into the stock pot, to which they will be found a valuable addition.

## TO STEW CHICKEN.

Cut the prepared chicken in pieces suitable for serving; put them into a kettle, add a pint of boiling water for each chicken, cover closely until it comes to the boiling point, then add a paste made of one tablespoon of butter and one of flour, then let it cook slowly but unceasingly until it is tender. The older the chicken the longer it will take it to cook tender; if the water cook away, add a little more from time to time, and sure that it is boiling hot. When done, remove the chicken and thicken the gravy, and pour it over the chicken. The addition of a few strips of salt pork and a small onion is very agreeable. A blade of celery is also a nice addition.

## IRISH STEW.

To two pounds of the neck or loin of mutton, cut in small pieces, add two pounds of small potatoes, one turnip, one onion, one

carrot, two teaspoons of salt and half a teaspoon pepper. Cut the turnips, onion and carrots into dice and the potatoes into eighths. Sprinkle the vegetables with the seasoning, mix them well together and put a layer of them into the stew kettle, then the meat and then the rest of the vegetables. Pour in about half a pint of cold water or stock, bring it quickly to the boiling point, cover tightly and let simmer until tender, giving the kettle an occasional shake, so that it will not stick or burn. When cooked, thicken the gravy with a little butter and flour rubbed together.

#### TO BRAISE POULTRY OR MEATS.

Prepare as for stewing, cut in pieces suitable for serving, season lightly with salt and pepper. Roll in flour, brown in clarified butter or drippings in a frying pan, then put in a braising pan with such vegetables, herbs, and spices as are used for flavoring, add half as much water as for stewing, cover closely with a paper well buttered and then put on the

cover to the pan, set in a moderate oven and let it cook slowly for several hours.

#### STEWED RABBIT OR SQUIRREL.

Rabbits and squirrels are prepared and stewed in the same manner as fowls, with the addition of one tablespoon of minced parsley to each squirrel or rabbit, when put to cook.

#### TO FRICASSEE CHICKEN.

Prepare chicken as for stewing, season the pieces with salt and pepper, roll in flour, and fry a light brown, then place in the stew kettle. Put a pint of water in the pan in which the chicken was browned and after it has simmered five minutes pour it over the chicken. Cover the kettle closely and let the chicken simmer gently until cooked. Lift into a platter when done, and if there is not sufficient sauce add more water and more flour to that in the kettle, cook five minutes and strain over the chicken. A spoonful of sweet cream added to the sauce improves it very much.

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## Fruit

Fruit alone will not sustain life for any great length of time, but helps to furnish a variety in the diet.

It stimulates and improves appetite and digestion, relieves thirst and introduces water into the system; acts as a laxative or astringent, stimulates the kidneys and supplies the organic salts necessary to proper nutriment.

Among the laxatives are figs, prunes, dates, nectarines, oranges and mulberries.

The astringents are blackberries, dewberries, raspberries, pomegranates, quinces,

pears, wild cherries, cranberries and medlars.

The kinds used for diuretics are grapes, black currants, peaches, whortleberries and prickly pears. The refrigerants are red and white currants, gooseberries, lemons, limes and apples.

Apples are useful as a stomach sedative, and will relieve nausea, and even sea-sickness.

Grapes and raisins are nutritive and demulcent, making them excellent for the sickroom.

*Hygienic Gazette.*

# Editorially Speaking

## THE NOISE OF THE FEW

In one of his famous speeches against the democratic parties in Germany, Bismarck sarcastically remarked that "the smaller any political party was the surer its members were to speak of it as representing the 'people' of Germany." That this attitude of mind is not confined to political parties is evident. We find it conspicuous in the nursing and other professions, and it receives picturesque expression when a small clique of nurses gather together, cast modesty to the winds, and send up the cry, "We are the nursing profession!" "We are the standard-bearers!" "We are the mighty and august authority!" Unfortunately the shouting is apt to be so loud and prolonged, that there is danger that the *noise of the few may be mistaken for the voice of the many.*

Apropos of this we call attention to the article in this issue taken from *The Hospital*, of London, England, entitled "National and International." We would urge every nurse, whether interested in the nursing conditions in Great Britain, or not, to read this article and the correspondence bearing on same, which is published in the Letter-Box of this issue. While we do not presume to criticise, or to speak authoritatively of matters pertaining to nursing in Great Britain, we do commend this article because it is equally applicable to affairs in this country. We, too, have our "stage army," and when it is occupying the centre of the stage, in full glare of the lime light, the play "is a magnificent success" "and a great occasion," but should any chance drive it to the wings, then the play and players are not only decried, but are followed up with a malice that is both contemptible and petty.

As our contemporary aptly remarks "no one could object to a small body of women

associating themselves voluntarily together if it gives them satisfaction and pleasure. Objection is only taken when it insists upon being regarded as a representative body of nursing opinion and influence." The editor of *The Hospital* speaks of the large body of nurses in Great Britain holding aloof from the stage army, and of its influence being obstructive. We find the same conditions here. Many of our most able women hold aloof from our noisy few, and for this reason the influence of the "stage army" must be considered "obstructive" and destructive, depriving us of the best the profession affords. If this be not so, where are the women who only a few years ago took an active part in all professional matters? Where are the "papers" that these women of rare intelligence used to prepare and present for the instruction of nurses? With but few exceptions, conspicuous by their absence. One by one these women have dropped out or been pushed back by the aggressive few, and they seemingly prefer to step quietly aside than contend for honors with the "stage army," a body composed of a few women of more or less prominence, who have gathered around them a few other women of mediocre intelligence and many unlovable feminine characteristics, but who possess a certain so-called cleverness in political tricks, which the leaders of the "stage army" find very useful in furthering their own interests and ambitions.

We agree with the editor of *The Hospital* that American nurses are being imposed upon, and in a future issue will give instances and illustrations in support of this idea. But this imposition does not come from the nurses of Great Britain so much as from the "stage army" of America. How otherwise

uld nurses fail to recognize the motive of the movements of our "stage army," or see the axes which are so offensively prominent.

We are, however, optimistic. We cannot believe that the present state of things in the nursing profession of this country will last. There must be a reaction. The frog of the bubble who continued to swell with vanity and retention in order to be greater than the other frogs finally burst. So some day we expect to see our "stage army" disappear as a result of their own bubble blowing. Then the profession will resume its normal condition. In the meantime nurses should remember that the *noise of the few is not to be mistaken for the voice of the many*. It is not a case of "*vox populi vox Dei*," but simply "*vox et praterea nihil*!"



#### IS THIS LEGAL ?

When THE TRAINED NURSE first presented the question of legal registration for nurses, we believed we were advocating a movement which would result in unlimited good, not only to the public but to the nurse. In so strongly urging nurses to interest themselves in this matter, our sole object was to help the profession and protect the nurse and the public. We certainly did not foresee that registration might be turned to the hurt and disadvantage of honorable women. We also wanted to see the standard of the training schools raised. We believed then, as we do now, that this could be done in other ways than by an unjust discrimination against graduates who had already been permitted to call themselves trained nurses.

In our September issue we called attention to one of the requirements for admittance to training schools which had been suggested by the Board of Nurse Examiners of the State of New York, namely, the high-school test. We quoted the statement of the managers of Hahnemann Hospital, of Rochester, N. Y., which appeared in the *Democrat and Chroni-*

*de*, and also the editorial support given the managers by that newspaper.

If this "high school test," which in so able a judgment as that of the editor of the *Democrat and Chronicle* seems outrageous and disgraceful, what must be said of some of the other requirements, which do not as in the "high school test" affect possible nurses, but bar out women who already hold honorable diplomas, from reputable schools. Women who have been years in active service.

A number of cases have recently come to our attention, in which an unjust discrimination has been made against graduates, but lack of space will not allow us to present more than the following: A nurse in perfectly honorable standing, a graduate from a school equally honorable, a woman who had exceptional experience in her training, and had since held executive position in a hospital, applied to the New York State Board for registration, and the following is an extract from the letter received in reply: "Your school does not seem to meet the requirements for registration in regard to certain items, as you do not afford either practical or theoretical instruction in cooking or materia medica. If the school can advance its requirements so as to afford this instruction, it may be possible that it can be registered." In the meantime, the nurse must either give up all idea of registering or else must proceed to "bully" her training school into "advancing its requirements."

In contrast to this, we have another case where a nurse who is a graduate of one of the largest training schools in America, a school which presumably gives instruction in all branches, frankly tells us that *she did not have one day of operating-room work in her whole training*. Yet this nurse can register while the other cannot! The injustice of this is apparent. We think it is not only unjust but also believe it to be illegal. THE TRAINED NURSE will secure expert legal opinion on this subject and report in a future issue.

# In the Nursing World

## Surgery As a Nurse Sees It

The following essay was prepared and read by Miss Lillian E. Baskin at the graduating exercises of the W. C. A. Hospital Training School for Nurses, Jamestown, N. Y.:

"It is doubtful if in any branch of the practical sciences, and certainly not in any department of medicine, has there been the great advancement in recent years as is to be found in that specific branch known as Surgery. In no sense, however, can surgery be separated from what is known under the broader term 'Medical Science.' It is and must be only a part of such science, and the best surgeon is he who best understands the human body and has the widest and surest knowledge of medicine.

"To many of us the word surgery brings to mind only the use of the knife and the saw, the cutting of flesh and arteries, and the laying bare of the various vital organs of the human body. Along these lines the study and devotion among the very best of the medical profession has been most intense during the past two decades. Feats in surgery which a few years ago would have been regarded as bordering on the miraculous, are to-day performed with such skill and ease as to attract little or no attention, and to be considered as of the most commonplace nature.

"The general public does not realize the great benefit that has come to suffering humanity through this means. Accounts are given to-day of surgical cases in which, perhaps, the patient has died, and immediately the cry goes out from the uninformed that death was due to the surgeon's knife. In a great majority of such cases the cry is absolutely without foundation; death was inevitable, and the use of the knife could not save the patient's life.

"The fact is that in so many cases the patient has put off the evil hour until his vitality is so reduced and his mental condition so undermined that the chances of recovery are materially lessened.

"On the other hand, how very many lives have been saved under the skilful ministrations of the surgeon who brings to his aid the trained mind, the steady nerve, and the personality that gives not only confidence to himself and the patient, but also to those about him. Too often these very procedures—which have proven a means of health and blessings—are lost sight of and go unmentioned.

"It is but truth to say, however, that the one who has not made a study of surgery, the treatment of patients who have been subject to accident or the weakening effect of the surgical work, is not well prepared for the duties which lie before her. Quite often the surgical patient is one who himself is unaccustomed to sickness and who has not borne the pain and distress of disease for long. He grows restless and impatient under the necessary restraint which is placed upon him.

"Here it is that the nurse's work supersedes that of the physician. She must be capable of controlling the patient, to sway his thoughts in such a way as to compel obedience to directions to accept the inevitable, and to do his share toward his own recovery, which certainly means a great deal. It is here the nurse's adaptability for her duties is given the best test; it is here she is called upon to exert her own personality so as to control in the greatest degree and with the least resistance.

"Indeed, the nurse's assistance is so essential that in these days of bacteria and micro-organisms a surgeon who is very solicitous of the welfare of his patient will scarcely undertake a case without her. We feel that Jamestown is blessed in having among her numerous medicos some skilled surgeons, and that in our own hospital there is special equipment for treatment of surgical cases."

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## Nursing News From Buffalo

The Buffalo Nurses' Association held its first meeting after the summer vacation on Monday, September 5, at the Women's Union, 86 Delaware Avenue.

The treasurer, Mrs. Jennie F. Anderson, was absent, and Miss Mary Kennedy was elected to act, *pro tem*.

Miss Helen Alt, the chairman of the programme committee submitted her report, which was accepted, and the programme ordered printed. Miss Amy Poole, chairman of the social committee, also presented her report, which promises some delightful social affairs during the year.

The delegates to the International Council of Women at Berlin presented interesting reports. Miss Louise Greenwood spoke on Congress Echoes, Miss Mary Jayne Cole gave a paper on Foreign Hospitals, and Miss Emma Rothfus

and Miss Gertrude Greenwood spoke of Impressions of the Congress.

Eleven new applications were received and twenty-seven nurses, whose names were presented at the June meeting were elected to membership. They are as follows: Miss Margaret Weir Martin, Mrs. Juniata Hipp and Miss Therese Mason, of the Buffalo Homeopathic Hospital; Misses Elizabeth Owen, Alta Turner and Margaret Blacklock, of the Buffalo State Hospital; Misses Margaret Lee, Julia M. Leish, Margaret Lynch, Rachel Ten Eyck, Rose Hoffman and Mary Hoffman, of the Sisters of Charity Hospital; Misses Clarine De Ceu, Anna M. Petrie, Phyllis Wood, Harriet Ostrander, Jennie L. Moore, Mary Matchett, Elizabeth Grimm and Mrs. Edith B. McMahon, of the Buffalo General Hospital; Miss Agnes Hederman and Mrs. Janet Seeber, of the Buffalo Women's Hospital; Miss Edna L. Kent, of the Rochester City Hospital and Miss Annie L. Warwood, of the Rochester Homeopathic Hospital.

Miss De Ceu is the present efficient superintendent of the Children's Hospital; Miss Margaret Weir Martin was formerly superintendent of the Niagara Falls Hospital; and Miss Warwood was formerly superintendent of Dr. Lee's private hospital in Rochester.

Miss Rose Hoffman is the president of the Alumnae Association of the Sisters Hospital.

Miss Abbie M. Telford and Miss Margaret Halsey, although not of the nursing profession, extended to the members of the association an invitation to their home on the evening of September 15.

The president spoke of Miss Snetsinger's long illness, of her interest in, and faithful work for the association, and of the respect and esteem in which she is held by Buffalo women.

It was unanimously voted to send Miss Snetsinger a suitable letter and also some token of appreciation. The committee appointed to look after the matter was Mrs. Harriet Dorr Storck and Dr. Jeanette Olivier-Prescott. A vote of thanks was accorded the delegates for their report.

A number of members of the Buffalo association attended the open meeting of the Erie County Hospital Alumnae Association to hear Miss Palmer speak on registration. Miss Palmer being detained by illness Miss Ida Palmer spoke for her. From its organization in 1894 the Buffalo Nurses' Association has favored registration, and its founder, Sylveen V. Nye, was the

chairman of the committee for organizing the State society; she was also the first president of the State society and while not in sympathy with the bill as passed, has faith in the ultimate triumph of right and believes that the time will come when registration will be of a real benefit.

In the fall of 1900 Miss Nye wrote an article for THE TRAINED NURSE AND HOSPITAL REVIEW in which she advocated "a uniform curriculum, uniform entrance examinations, uniform final examinations and that ultimately all hospitals maintaining training schools should furnish a general training." She also advocated the policy of matters pertaining to the profession being made known to all nurses, and desired to build up a large State association and to let the legislation come as a general demand from the medical and nursing professions and with the co-operation of hospitals.

Another point which she has always maintained was that *nurses already graduated should be allowed to register, that the standard of the hospitals should be raised in other ways than by discriminating against their graduates*, whom the laws of the State had already permitted to call themselves Trained Nurses.

When the Buffalo Association was organized there were objections and criticisms from *outside* the city because it was not on alumnae lines. Time has proven the wisdom of the method and now many cities have learned that it is the better way, that the alumnae associations are more for maintaining an interest for the alma mater, but nurses should work hand in hand, regardless of school.

Toronto has now its general association. Rochester has its *County* society. New York has its *City* association, all on lines best calculated to promote the interests of nurses.

Another point in the registration movement which Miss Nye advocated was that physicians should be represented on the Board of Examiners, the nursing profession being a dependent and interdependent profession, the medical profession should have at least one member on the board.

If the bill as passed was a wise one, a few years will prove its benefit, if it is not a wise one there will be changes.

After eleven years of faithful, efficient work as superintendent of the Buffalo Women's Hospital, Mrs. Harriet Dorr Storck has tendered her resignation and will take a much needed rest, and for some months will be at her home at 70 Park Street, Buffalo.

Mrs. Storck is the vice-president of the Buffalo Nurses' Association, was a charter member, and has always labored conscientiously to advance the interests of the nursing profession.

Miss Olivia Moore, for many years superintendent of the Children's Hospital, of Buffalo, has been called home by the serious illness of her brother.

After resigning her position at the Children's Hospital, Miss Moore spent some time in Toronto, but had returned to Buffalo to engage in private practice. Miss Moore was also a loyal member of the Buffalo Association and the members keenly regret her departure.

Miss Anna Lynch has accepted a position in a Brooklyn hospital.

Miss Antoinette Weber and Miss Nellie Ryan are taking an extensive vacation, spending some time in Detroit, Chicago and St. Louis.

Mrs. Jennie F. Anderson has gone for a trip up the lakes.

The new home for nurses at the General Hospital is nearing completion and will soon be ready for occupancy. In addition to an attractive library, a parlor beautifully finished in Flemish oak and a most inviting big fireplace, it contains a large gymnasium, which, when equipped, will be a desirable addition.

Miss Mary Nolan, of the Buffalo Sisters Hospital, has been spending the summer with her father at her home in Ireland.

The many friends of Miss Anna Dunne will sympathize with her in her bereavement in the death of her father, which occurred at his home at Owego, N. Y. Miss Dunne was also recently called upon to care for her sister, of Mt. St. Joseph's Academy, of Buffalo, during a serious illness.

Mrs. Amelia J. Martin, who has been seriously ill at the Homeopathic Hospital is much improved in health and her friends are delighted to have her again among them.

#### St. Louis, Mo.

The Emergency Hospital, World's Fair Grounds, is a two-story building—a modern hospital in every detail. First floor: office, recep-

tion hall, accident room, plunge and shower bath rooms, isolating room, sterilizing room, an up-to-date operating room, and two wards with ten beds and four cots each. The second floor is used for doctors' and nurses' quarters. Miss Krouse, graduate of Rebekiah Hospital, St. Louis, and late superintendent of the Lutheran Hospital, St. Louis, is the superintendent. Miss Krouse is always pleased to show visitors through, especially visiting nurses. The nurses on duty at present are: Miss Scotia Horn, graduate of the Lutheran Hospital, St. Louis; Misses Madeline Epperson and C. Jett, both of the Protestant Hospital, St. Louis, and Miss Margaret Lindberg, of the University of Pennsylvania, Philadelphia, Pa.

There are fourteen nurses on duty at the baby incubator: Miss Helen Kelly in charge. The new nurses on this month are as follows: Miss Daisy Beeler, of Montana, Misses Estes, Porter, Peterson and Painter, all graduates of the Missouri Baptist Sanitarium; Miss Powers, Rebekiah Hospital; Miss Pabor, St. Louis Baptist Hospital; Miss Howard, of the Mayfield Sanitarium; Misses Austin and Fleming, St. Joe Training School, New Orleans, La.

Miss Mary Kelly was called to Niagara, N. Y., to take charge of an intricate case. Miss Kelly spent two months at the baby incubator.

Miss Kildow, after spending two and a half months on duty at the baby incubator, has gone to Los Angeles, Cal., to spend the remainder of the summer. Miss Kildow and Miss Mary Kelly will probably return to St. Louis to take up private nursing.

Another place of interest to the profession, one not so widely known or spoken of so much, is the Model Nursery and Playground, where children may be left during the day in charge of competent trained nurses and helpers while the mothers "do the Fair." It might be worth noting, right here, that \$5,000 was donated to this enterprise by the Lady Managers of the World's Fair and Miss Helen Gould, of New York. The playground is fitted up with hammocks, go-carts, wagons, swings, sand hill, rest rooms, shower and plunge baths.

The nursery is at the east end of the playground, and is a cottage building, with a screened piazza surrounding the entire building. The cottage proper is fitted up with baby cots and



beds, the piazza has a numberless lot of hammocks and baby carriages for the little ones to rest and sleep in.

The nursery is in charge of Miss Bueclere, graduate of the Rebekiah Hospital, St. Louis. She has as her assistants at present, Miss Good, graduate of St. Joseph's Hospital, San Juan, Cal.; Miss Curtis, graduate of the Presbyterian Hospital, New York; Miss Protty, graduate of Eye and Ear Infirmary and Post-Graduate Hospital, of New York city; with several "helpers." There is also a diet nurse, who attends to the diet only.

Miss Fromberg and Miss Schlegel, graduates of Touro Infirmary Training School, New Orleans, La., spent two weeks visiting the World's Fair and St. Louis. Miss Fromberg had her sister, Miss Florence, with her. They report a good time.

Miss Sallie V. Long, of Grayson, N. C., graduate of Mayfield Sanitarium, St. Louis, spent some time in St. Louis visiting the Fair and old friends.

Miss Maude Mathis, of the Cottage Hospital, Exeter, N. H., with her sister and friends, Mrs. and Mr. Pinkham, of New Market, N. H., spent a week in St. Louis during August. They left St. Louis for home by the way of Chicago, Detroit and Niagara Falls. A letter from Miss Mathis a few days ago reports a very pleasant and profitable time all through her month's vacation.

Miss Gertrude M. Palmer, head nurse of St. Lawrence Hospital, Ogdensburg, N. Y., spent ten days enjoying the Fair and St. Louis, with her young sister, Miss Effa.



#### At the World's Fair

Visiting nurses registered at the Fraternal Building, World's Fair, during the past month:

Miss Tillie Hack, Edwardsville, Ill., graduate Palmyra Springs Sanitarium, Wisconsin.

Miss Mary Crews, Danville, Va., graduate Danville General Hospital.

Miss Anne Crews, Baltimore, Md., graduate Homeopathic Hospital, Baltimore, Md.

Miss Marion Flinn, New York city, graduate Polyclinic Hospital, New York.

Miss Mabel C. Lee, Frankfort, Ind., graduate Chicago Training School.

Misses Olive D. Sinkey, Anne E. Sibale and

Florence M. Schryver, Protestant Hospital, Columbus, Ohio.

Miss Mabel White, Cincinnati, Ohio, graduate Cincinnati Hospital.

W. E. Thomas, New York city, graduate Mills Training School.

Miss Ida K. A. Sullivan, New York, St. Vincent's Hospital.

Miss Margaret Smith, Pittsburgh, Pa., graduate Hospital University of Maryland.

Miss Florence F. May, Texarkana, Texas, graduate Protestant Hospital, St. Louis.

Miss Emma C. Wilson, Des Moines, Iowa, graduate Asbury Hospital, Minneapolis, Minn.

Miss Amanda Nickel, Des Moines, Iowa, graduate Wesley Hospital, Chicago, Ill.

Miss C. T. Page, Children's Hospital, Washington, D. C.

Miss Miriam J. Lynch, Lincoln, Ill., graduate Blessing Hospital, Quincy, Ill.

Miss Catherine Phelan, San Antonio, Texas, graduate St. Paul's Sanatorium, Dallas, Texas.

Miss Beatrice Bamber, City Hospital, Perth Amboy, N. J.

Miss May Owen, Atlanta, Ga., graduate St. Joseph's Infirmary.

Miss Nina G. Stuart, Pittsburg, Pa., graduate Pittsburg Training School.

Miss Gertrude M. Palmer, Ogdensburg, N. Y., graduate St. Lawrence Hospital, Ogdensburg.

Miss Daisy Beeler, Billings, Mon., graduate Missouri Baptist Sanitarium, St. Louis, Mo.



#### Graduation Notes

A class of four graduated from the Wyoming General Hospital: Miss Pearl Ansell, Miss Hettie Ansell, Miss Amy Platt Richardson, and Mrs. Slayton.

The graduating exercises of Mercy Hospital Training School, Bay City, Mich., were held August 10 at the hospital. The following received diplomas: Miss Susan Francis, Miss Minnie Murick.



#### Rules for Nurses

Our readers may be interested in a newspaper view of the rules governing nurses. The following facetious remarks appeared in the New York *Herald* of September 12:

That immortal pedagogue, Wackford Squeers, Esq., of Dotheboys Hall, could not have devised a set of rules better calculated to preserve decorum, elevate the spirit and make pleasant the lives

of his pupils than those framed for the guidance of the young women who will inhabit the new Training School for Nurses of the Presbyterian Hospital, at Seventieth Street and Madison Avenue. This is the opinion of the nurses.

It is designed by the projectors and managers of the institution to make it a model of its kind, and as no enterprise may hope to attain perfection without the aid of discipline these regulations will doubtless be commended by many, though not by the nurses themselves.

The nurses are not pleased with one of the rules, which provides that "no personal furniture, pictures or rugs will be allowed in the new school building, and only necessary toilet articles will be allowed on the bureaus." To insure the enforcement of the picture-part of this, the customary mouldings have been left out of the rooms, thus preventing the hanging of any frivolous specimens of art.

However, they do not think this rule so severe as one that says, "All furniture is to remain strictly as placed." That is to say, if a chair is placed by the ruling powers in a remote corner of a room there it must stay, no matter what inconvenience or discomfort may be entailed, and there the nurse must sit unless she prefers to stand.

Scarcely anything adapted to the good conduct of such a place has been omitted by the far-seeing person who drafted the instructions, but perhaps that one which will do more for the welfare of suffering patients and equip the nurses with fitting skill in their work is the one which says: "Fountain pens only can be used in the rooms. No ink is allowed. Pens can be filled in the office, No. 213, second floor, on Tuesdays and Fridays, after 7 P. M." This is taken to be a precaution against the nurses writing plays and novels when they should be sitting in the chair in the remote corner thinking about tying bandages. Here are some of the other rules, which speak for themselves:

"Pupil nurses will occupy the rooms assigned them according to seniority, and no exception will be made.

"Trunks will be kept in trunk room in basement and will not be taken to rooms.

"The subway only is to be used in going to and from the hospital."

Then there is a roster to show the whereabouts of the pupils. This is called "the peggy," because a red peg is used to signify "in hospital," a blue one for "out," a white for "absent on vacation," and a white and red for "absent on

duty in other hospitals." This "peggy" is to hang near the elevator on the first floor, and any nurse violating its provisions or the other rules must report herself to the superintendent.

If these regulations are severe, however, they are mitigated by the advantages of one not yet considered. This is that "nurses going on vacation can hang their winter garments in the closets of their respective rooms."

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#### American Nurses in Japan

As our nurses passed through Osaka on their way to Hiroshima, they were handed addresses of welcome, as was usual along the route, and one of these is translated as follows: "As our respected and beloved friends, Dr. McGee and her companions, are on this twenty-fifth day of May passing through Osaka on their way to the hospitals of Hiroshima, the members of the Kujin Kyoofuukwai (Women's Society for Social Amusement) desire respectfully to present to them their cordial greetings and good wishes. Making no account of natural feminine weakness, and regardless of any hardship to be encountered, you have crossed the ocean to show forth by personal care for the sick and wounded, both Japanese and Russian, that wide-embracing love which is the ideal of humanity. Your love and courage are matter of rejoicing in the presence of God and of all good spirits. It is no longer Miss Nightingale alone who receives for her labors the praise of all the world. You also are numbered with her.

"We have especially to thank you for this, that you by your abundant goodness, courage and kindness have enabled us women, who make up one half of the fifty millions of our people, to gain a new understanding of what woman's work is, and have inspired us with a higher purpose of devoting ourselves to works of charity. That this will aid us, not only in time of war to be helpers of our people's cause, but in time of peace and victory to labor with all our might for the advancement of the nation, we believe and thankfully acknowledge. To these few words of greeting and good wishes for your further journey, we add our prayers that God's blessing may rest upon you, giving you success in your labors and preserving you in health and in strength."

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L. I. C. H. A. A.

The first regular meeting of the Long Island College Hospital Alumnae Association, after the summer vacation, was held at the registry, on Tuesday, September 13, when there was a large

attendance, Miss Anna Davids, the president, in the chair. The usual reports having been read, the president alluded to several plans for improving the efficiency of the association and many suggestions were made by the members present. A vote of thanks was carried by acclamation to Miss Nelson for the very satisfactory manner in which she had discharged her duties as registrar during the first year of the registry. It was unanimously resolved to send a telegram of congratulations to Miss Gertrude Cameron, one of the members of the association, who was to be married at Russell, Ontario, on the following day. After the meeting, a very happy social hour was spent by the members.

At a special meeting of the board of directors, of the Long Island College Hospital Alumnae Association, held on Tuesday, August 9, Miss Regina Kelley was appointed registrar, in place of Miss Nelson, resigned, and was to enter on her duties September 1. CLARA HALL, Cor. Sec.

#### University Hospital A. A.

The regular monthly meeting of the Alumnae Association of University Hospital, Philadelphia, Pa., was held on Monday, September 5, 1904, at 3 P. M., in the Nurses' Home.

In the absence of the president, the meeting was called to order by Miss Anna E. Brobson, first vice-president.

Minutes of June meeting accepted as read, and the usual routine business was transacted.

The committee on revision of constitution and by-laws reported through its chairman, Miss Anna E. Brobson. The constitution was read and accepted on motion.

The reading of the by-laws followed, and on motion was held over till the October meeting.

Miss Hayberger applied for membership in the Alumnae Association. Miss Brobson, president of the Graduate Nurses' Association of the State of Pennsylvania, announced that the annual meeting of the association will be held in Philadelphia on Wednesday, Thursday and Friday, October 26, 27 and 28, and urged all nurses to attend all the sessions.

Meeting then adjourned.

NELLIE M. CASEY,  
Sec. A. A. U. of Pa.

#### Nurses' Home in Waltham

Plans are being considered for a new home for graduate nurses at Waltham. It is the purpose of those interested in the proposition to purchase a suitable place having spacious grounds. At

the present time the graduate nurses find accommodations in private families in various parts of the city, and in case of a summons considerable time is lost before the person desired can be notified. A registry is kept at the Putnam Home located in the grounds of the Waltham Training School for Nurses, and it is here that calls for the graduate nurses are received.

With a home having ample accommodations to meet the requirements, the members of the Waltham Graduate Nurses' Association would be provided cheerful and convenient quarters under one roof and easily reached by telephone or messenger.

Three estates are under consideration, all located in Main Street. They are the George Warren place, the Stearns property, and the Dr. Cutler estate.

#### N. Y. C. T. S. A. A.

The regular monthly meeting of the N. Y. C. T. S. Alumnae Association was held at the Academy of Medicine, 17 West Forty-third Street, September 13, 1904. A fair number of members were present. After the usual routine of business was through with, Miss Florence Corbett, the Dietitian of the Department of Public Charities, then proceeded to give a very interesting talk on the science of the preparation of food. The meeting then adjourned.

A delightful reunion was held in the banquet hall and all enjoyed the refreshments provided by Miss Gilmour and Miss Greener.

JULIA M. SYRON, Cor. Sec.

#### Connecticut State Meeting

Report of the second quarterly meeting of the Graduate Nurses' Association of Connecticut:

The convention of the graduate nurses, of Connecticut, met at Bridgeport, Wednesday, September 14. It was a most enthusiastic, interesting meeting, Mrs. Mary I. Fuller, of Hartford, president of the State Association, opened the meeting by introducing Rev. Mr. Davenport, who pronounced the invocation.

Mr. N. N. Jones, superintendent of the Bridgeport Hospital, followed by an address of welcome. He also spoke most encouragingly to the association of the value of their work to the hospitals, and especially the aid to the nurses of the future, by raising the standard of the training schools by securing registration for graduate nurses. A report of the executive board showed that a line of work had been arranged by them and much work done in a quiet way during the summer.

Mrs. Emma M. Stowe, of New Haven, chairman of the legislative committee, read the proposed registration bill. The balance of the morning was devoted to the discussion of this bill. Opinions were freely expressed. It was decided to mail each member of the association a copy of this bill, that all may be thoroughly familiar with it and be better prepared to discuss it at the next meeting.

A luncheon was served the association by the Bridgeport alumnae, and then all enjoyed a trolley ride to the Bridgeport Hospital. The executive board went in session. The regular routine business was transacted. The afternoon session was largely attended. Dr. N. E. Wordin, of Bridgeport, made a bright, interesting address. He spoke of the proposed bill and of the commendable efforts of the nurses in raising their profession to such a high standard. Miss Annie Damer, president of the Graduate Nurses' State Association of New York, gave a very interesting talk on the lines followed by her association. Her remarks were listened to with attention and were very entertaining and instructive.

A committee was appointed to see about having the association incorporated, and report at the next meeting.

The legislative committee has issued a circular—which was distributed among those present and is to be circulated freely throughout the State.

The next meeting will be held in New Haven, November 9, as guests of the New Haven Hospital.

E. L. FOELKER, Cor. Sec.

#### Medico-Chirurgical Nurses Alumnae

The first regular meeting of the season was held at the hospital September 7 at 3 P. M.

Minutes of June meeting read by the secretary. One new member was accepted. Three took the pledge of loyalty. Two members were reported on the sick list. Two nurses applied for membership; names given to investigating committee.

The treasurer's report was as follows: Receipts for May, June and September, \$44.75; no expenditures.

The secretary was instructed to make application for membership in the Associated Alumnae. After a pleasant social half hour the meeting adjourned until the first Wednesday of October.

E. M. RITTER.

#### Connecticut Training School N. A. A.

The regular monthly meeting of the Alumnae Association of the Connecticut Training School

for Nurses was held at the Nurses' Home, Howard Avenue, New Haven, Conn., Tuesday, September 6. The meeting was called to order by the president, Mrs. Bergh. There were eight members present. The secretary, Mrs. Wilcox, read the minutes of the June meeting, which were accepted.

One application for membership was received. The subject of raising money for the Endowment Fund was discussed. All present were in favor of a sale of fancy articles, but no vote taken, as it was decided to discuss the matter at some future meeting, when more members might be present.

State registration was freely discussed. The meeting then adjourned until October 4.



#### St. Mary's Hospital Nurses

The Training School Committee of St. Mary's Hospital, Philadelphia, has requested Mr. Max J. Walter, superintendent of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Incorporated, Philadelphia, to give a course of lectures and practical demonstrations in massage to the senior nurses of the training school. For a special course in diet cooking, the nurses will be sent to the Drexel Institute this winter.



#### Orthopaedic Institute Graduate

At the close of the summer term, 1904, nineteen scholars received diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Inc.), 1516 Green Street, Philadelphia, in the scientific application of medical massage, Swedish movements and medical and orthopaedic gymnastics, and the first ten also in electro-therapeutics. The names of the graduates are:

Beatrice B. Perkins, Aurora, Ill. (T. N., Graduate Sherman Hospital, Elgin, Ill.).

Annie P. Evans, London, Ontario, Can. (T. N., graduate Buffalo General Hospital, formerly superintendent Brooks Memorial Hospital, Dunkirk, N. Y.).

Mary S. Atchison, Ottawa, Ontario, Can. (T. N., graduate Fall River, Mass., General Hospital, Post-Graduate Polyclinic Hospital, New York).

Bettie Greaser, Germantown, Pa.

Amy F. Creveling, Bloomsburg, Pa. (T. N., formerly Medico-Chirurgical Hospital, Graduate Lying-in Charity Hospital, Philadelphia).

Ida C. Unangst, Easton, Pa.

Wilhelmina E. Shaw, Nassau, Bahama Isl.

ands (formerly Hudson City Hospital, Hudson, N. Y.).

Kathryn Jenkins, Summit Hill, Pa. (T. N., graduate Lying-in Charity Hospital, Philadelphia).

Harriet E. Rathbun, Oil City, Pa. (T. N., graduate Buffalo Children's Hospital, Post-Graduate, New York Polyclinic Hospital).

Charles W. Amsden, Toronto, Can.

Bertha D. Nevins, Philadelphia.

Clement C. Swain, B. S. (graduate Chautauqua School of Physical Education, formerly Harvard, Columbia University, N. Y. Lake Geneva and Chicago Training School for Physical Directors).

William Howard Knapp, Attleboro, Mass. (formerly Springfield, Mass., Training School for Physical Education; medical student, Temple College, Philadelphia).

John Y. Sinton, Port Dalhousie, Ontario, Can. (medical student, Medico-Chirurgical College, Philadelphia).

Anna M. Kane, Wayne, Pa.

Kathryn Lyons, Philadelphia (graduate nurse).

Wilhelmina K. Wurz, Widdaln, Germany.

Calvin E. Webb, Philadelphia.

John H. Mills, M.D., Tampa, Fla. (graduate, Jefferson Medical College).

The fall course opens October 5; the winter course January 16, 1905.

#### Married

Mrs. Alexander Fisher Macpherson announces the marriage of her daughter, Jean Wallace Craig, to Mr. Alfred Chaplin, on Wednesday, August 24, 1904, at Kingston, Ontario. Mr. and Mrs. Chaplin will be "at home" November 1 and 2, at 184 Cote St. Antoine road, Westmont, Quebec. Mrs. Chaplin was formerly superintendent of the Hospital of the University of Pennsylvania, Philadelphia, Pa.

Mr. and Mrs. Samuel Waugh, announce the marriage of their daughter Elizabeth, to Dr. Rudolph Wilhelm Arndt, Wednesday evening, September 14, 1904, at Plattsmouth, Nebraska. Dr. and Mrs. Arndt will be "at home" after December 1, at Denver, Colorado. Mrs. Arndt was before her marriage chief nurse of the Wyoming Hospital, and is a graduate of the Denver County Training School for Nurses, class of 1903.

The marriage of Miss Eva Dora Weber, of Nashville, Tenn., to Lyman L. Simms, of Canada, took place in Manilla September 1.

The ceremony was performed by Bishop Brent. Mrs. Simms is a graduate of the Protestant Episcopal Hospital, of Philadelphia, Pa., class of 1897. After graduation she had charge of the operating room at Flower Hospital. When the call for nurses came during the Spanish-American War she offered her services to the Government, and served at Montauk Point till the closing of the hospital there. She was then transferred to the Josiah Simpson Hospital, and afterward to several southern hospitals, only leaving the army to undergo an operation at the New York Hospital. She re-entered the United States service in the winter of 1903, and has since been in the Philippines. Mr. Simms is treasurer of the quartermaster's department for the Islands. After visiting Japan and China, Mr. and Mrs. Simms will be "at home" October 1, at Ermita, Manila. REBECCA JACKSON,

Cor. Secretary, S. A. W. N.

Miss Clare Goudy, one of Omaha's most efficient nurses, graduate of the Presbyterian Hospital, Class of 1900, was married August 15, 1904, to Mr. William H. Michaelson, of Desota, Neb.; at 2219 Binney Street, Omaha, Neb.

#### Personal

Miss Rose Wells resigned her position as superintendent of the Margaret Pillsbury Hospital, Concord, New Hampshire, July 1, and on September 1 accepted the superintendency of the Hampden Hospital, Springfield, Mass.

Miss A. L. Ciell, one of Toledo's most popular nurses, spent her vacation in Wyoming, visiting a room-mate of training school days, and going through Yellow Stone Park.

Miss Martha L. McConnell has been elected superintendent and Miss Katherine McConnell head nurse of the Ashtabula General Hospital, Ashtabula, Ohio.

Miss Anna G. Lawly has received her New York State Registration for Nurses. She being the second nurse in Dutchess County to receive the title "R. N." Miss Lawly is a graduate of the St. Vincent's Hospital Training School for Nurses, New York City.

Miss Anna Rowe, superintendent of Nason Hospital, Pennsylvania, has tendered her resignation.

Miss Susan Heitzenrater, a graduate of the Medico-Chirurgical Training School for Nurses, has resigned her position as superintendent of the Minnequa Colorado Miners' Hospital, in order to take charge of Dr. John Grube's private sanitarium, at Punxautawny, Pa.

The many friends of Miss Keister, of Philadelphia, will be glad to know that she is convalescing from a severe illness.

Miss Amelia Dady has been ill at her home in Philadelphia, but is improving.

Miss M. McConeghy has returned to Philadelphia after a successful eight months in the West.

Miss Mary D. Gegan, a graduate of the Pennsylvania Orthopedic Institute and School of Mechano-therapy, Incorporated, Philadelphia, has been placed in charge of the massage department of the Nervous Clinic of St. Christopher's Hospital, Philadelphia.

#### Obituary

Died—at the Hospital of the Good Shepherd, Syracuse, N. Y., on May 19, 1904, Henrietta M. Bohn. Miss Bohn was a member of the class of 1898.

The following resolutions were adopted by the Alumnae Association of the Hospital of the Good Shepherd.

*Whereas*, It has pleased Almighty God, in his infinite wisdom, to remove from our midst our friend and colleague, Henrietta M. Bohn, be it

*Resolved*, That in representing the Alumnae Association of the Hospital of the Good Shepherd Syracuse, N. Y., do hereby, on behalf of the said association, express our sorrow at the loss of so sincere a friend, and realize that the association has also lost an esteemed member.

*Resolved*, That a copy of these resolutions be sent to THE TRAINED NURSE. Also that they be spread upon the minutes of the association.

(Signed) MARY D. BURRILL, Pres.

LINA LIGHTBOURN, R.N.

LOIS L. GANNETT, R.N., M.D.

JENNIE L. CHESEBROUGH, R.N.

Committee on Resolutions.

At a meeting of the Guild of St. Barnabas New Orleans, La., called at the residence of Miss Goodwin, the following resolutions were unanimously adopted:

*Whereas*, It has pleased Divine Providence to remove from our midst our beloved chaplain, the Rev. J. W. Moore, the organizer of this branch of the Guild, and, whereas, by his earnest efforts he has promoted the success of the Guild and has brought the members closer together, and given them the benefits of his kindly advice, and, whereas, by his uniform consideration and courtesy he has endeared himself to the heart of every member, each of whom feels that in his death she has lost a staunch friend and co-worker, who was ever ready with hand and heart to help her in her calling; therefore be it

*Resolved*, That in the Rev. Mr. Moore's death, the nurses of St. Barnabas Guild have lost a friend whose place cannot be filled, and that we extend to his widow and family our heartfelt sympathy; that these resolutions be spread upon the minutes, and that a copy thereof be transmitted to the bereaved family; also to the Chaplain General of the Guild, to THE TRAINED NURSE, and the diocese of Louisiana.

N. BROUN, F. M. QUARF,  
E. SANSUM, C. GOODWIN,  
Committee on Resolutions

Mrs. Julia L. Fowler, graduate of the Connecticut Training School for Nurses, class of 1887, died at New Haven, Conn., September 1, of paralysis. Since graduation she had been busy as a private nurse. She was unselfish in every sense of the word; hers has been a helpful, noble life. She will be sadly missed by many and especially by an invalid son who survives her.

Mrs. Marion H. Laurance, superintendent of Rex Hospital, Raleigh, N. C., died September 10, at the home of a friend in Lynn, Mass., where she had gone to recuperate after a long illness.

Mrs. Laurance was English by birth, and a graduate of St. Mary's Hospital, London.

In her death the North Carolina State Board of Examiners loses its efficient president, and the State Association an enthusiastic officer. She will be sadly missed by her nurses in Raleigh.

MARY L. WYCHE, Sec. & Treas.  
State Board of Examiners.

# The Editor's Letter-box

The Editor is not responsible for the views of contributors.

## National and International

The following letter, with its accompanying answer, appeared in *The Hospital*, August 13:

Miss L. L. Dock, secretary of the International Council of Nurses, writes: "In the interests of journalistic accuracy, which you, without doubt, desire, I beg to refer to several points in an article of yours of July 16, called 'National and International,' which, as they now stand, are quite calculated to convey incorrect impressions, and I ask of you the courtesy of inserting the following explanations. In the account of the Berlin meeting, your article conveys the impression that a few isolated individuals were present from England, and it then remarks vaguely, 'The United States had a somewhat similar representation.' May I supply the information which your article lacks, and say that the representation was precisely similar: the English and Irish delegates represented the Matrons' Council of Great Britain and Ireland and all of the existing self-governing or voluntary associations of English and Irish nurses, and the American delegates represented the American Society of Superintendents of Training Schools for Nurses and the National Associated Alumnae. In the next paragraph your article says, 'It is a misuse of terms to take a small clique of women . . . and let them arrogate to themselves positions and powers to which they have no right whatever.' May I point out that it is only in Russia that individuals are not allowed to associate themselves voluntarily together for common aims and purposes, and could your decree be logically extended it would abolish every voluntary national and international grouping in its early stages? In connection with this idea, but separated by a paragraph, may I refer to the suggestion of your article that the outcome of the Select Committee on Nurse Registration 'will probably be the formation of some nursing council . . . and that council, if formed, should be the real thing,' etc.? I will venture to point out that it is quite too late for your article to make suggestions as to the composition of the International Council of Nurses. It is working under a constitution which provides for the affiliation of national bodies of nurses, and the affiliation—not of 'some council, if formed,' but a council now in process of formation—is promised from England, as well as from

Ireland. A considerable error is made in the statement that 'this stage army has imposed upon the nurses of the United States,' etc. The nurses of the United States, who are informed on international matters and who are supporting affiliation, are not in the least imposed upon. They understand the English situation quite well and are able to discount the opposition to self-government and legal status which comes from would-be managers and financially interested persons, or from caste prejudice. They are prepared to be on friendly terms with all nurses of other countries, as soon as these show their willingness to respond, and any attempt to carry local and temporary animosities across the water will prove perfectly futile. Since the last paragraph of your article is a plain acknowledgment that just a few persons in England are carrying the whole burden of new work, may I remind you of the wise man (I forget his name) who divided people into two classes—those who did the work, and those who grumbled at the way it was done."

"[Miss Dock's letter shows that she herself has been deceived as to the facts of the present situation in Great Britain. When the lists of the Matrons' Council and the other representatives from Great Britain are examined, they are found not to include the most knowledgeable and representative superintendents and working nurses of Great Britain, whose names are conspicuous by their absence. This fact is recognized by and known to the nursing world in this country, and that is why we properly and accurately applied the term "stage army" to the small clique who have marshalled themselves under numerous banners inscribed 'Matrons' Council of Great Britain,' 'The National,' or 'The International Council of Nurses,' and so forth. Miss Dock may be reassured that no one, even in Russia, could object to any small number of ladies so 'associating themselves voluntarily together,' if it gives them satisfaction or pleasure. Objection is only and properly taken to this 'stage army,' when it insists upon being regarded as a representative body of nursing opinion and influence. Miss Dock must please understand that the Nursing Council, which we had in mind, was not 'a stage army' assembled under a banner inscribed the 'International Council of Nurses,' but one which will in fact represent all nursing

interests and include the names of everybody who holds a representative position in the nursing world in Great Britain at the date of its appointment. Miss Dock's letter confirms the view that the 'stage army' 'has imposed upon the nurses of the United States,' including Miss Dock herself. We fancy, too, that Miss Dock must have forgotten the words of the wise man she refers to whose two types of people were workers and obstructives. The 'stage army' in so far as it has any influence at all, is obstructive, and for this reason Miss Dock's wise man would no doubt ban it, if his opinion were available.—Editor *The Hospital*.]"

### ✿ Nursing in the Great West

DEAR EDITOR: Since inserting a want advertisement in the July number of *THE TRAINED NURSE*, I have received so many requests for particulars regarding character of work, salary, cost of living, etc., I have decided to answer all at once, by giving a full though concise detail, through the columns of our magazine. There is a crying need for good graduates. By this I mean graduates who are proficient in general nursing, and especially so in obstetrical emergencies.

I see by the letters received that all expect a fixed salary. This is a mistake. A nurse comes here just as a young physician would who does not buy a practice. Simply come, announce your arrival by sending out professional cards, and the salary depends upon yourself, though the fees charged are all the same. If a nurse makes herself indispensable to the people, she usually has more work than she can do and take proper care of her own health. Correctly speaking, the work is both district and private. More private if in town, more district work if in the country. I voice Miss London's sentiments expressed in the August number of *THE TRAINED NURSE*, that a nurse cannot know too much, providing she has wisdom to use that knowledge for the real benefit of her fellow creatures in sickness. This is a place where a nurse is a true missionary, and a self-supporting one at that, and nowhere is she treated with greater respect and more gratitude shown for her skilled care.

As to the nature of the work in the country; some one becomes ill, the friends send for the graduate nurse located here in the district. When she arrives, she will take temperature, pulse and respiration, find out all she can from those around patient, make a note of all objective

and subjective symptoms, and if they are at a grave, she sends a written report to the physician chosen by patient or friends, and he will be guided accordingly. If the friends ask him to come, or he deems it necessary, he will come and leave full directions for treatment, requesting the nurse to keep him posted as to the condition of the patient by reports sent to him every few days. While waiting for the orders from the physician, the nurse does for the patient what her knowledge and training would suggest.

In an obstetrical case, if it is a long way from the nurse's abode or nurses home, she may find the birth almost over, in that case she must do what she finds necessary for mother and babe and either remain with them for a week or ten days, or else visit them daily for that time. The number of visits I make largely depends upon the help in the house. If there is a careful sensible person looking after the home, who will attend properly to my patient and babe, I do not visit the patient after she is able to sit up. In a case of obstetrics where there is time, I send for the doctor as soon as I can determine that labor pains are going on. The distances are so great, that neither doctor nor patient would thank a nurse for sending in case of what might be a false alarm. I always see that the cloths and clothes to be used by the mother are thoroughly antiseptic. Since starting nursing here in 1891 I have never had a case of septic trouble follow a birth. I say this not by way of boast, but with a thankful heart.

Again some one with an injured hand or foot, or perhaps an abscess comes to the Nurses Home, to be advised what to do. The nurse may have to send him to a physician, or she may only find it necessary to use some simple home treatment. The same when she is called to a case of sickness. Generally speaking, the work pays well, for the cost of living is not great, especially in the country districts. My charges for visits are the same as those given by Miss Cunningham in the March, 1897, issue of *THE TRAINED NURSE*; yet I am governed largely by the circumstances of my patients. I do not find any who object to paying me what I ask.

We have called Miss A. F. Lamb, graduate of a Montreal hospital, and are looking for her daily, and it will be a great relief to us when she comes on the field of duty. I feel sure she will like the physician she will be most frequently called to work with. He is a broad minded true man, not watching for fancied infringement of his province, but one who, if a nurse does her



duty, will stand by her loyally. I am also sure that she will like the people.

I trust that those who wrote me for information regarding the work in this Great Far West, will accept this as such, as I cannot write to each personally, and should any other nurse wish to come, if I can be of any service to her I shall be most glad.

Very truly yours,

MRS. W. J. DOWKES, Meridian, Assa.

#### The Non-Graduate Nurse

DEAR EDITOR: In reading the September number, and in fact several back numbers of THE TRAINED NURSE, I find protests made against the non-graduate nurse imposing on the public. If I am not taking up too much space in your valuable magazine, I wish to say a few words in behalf of those who I know read your magazine, and who are not graduate nurses. I am not a graduate; I was unable to finish my course in training on account of sickness in my family.

I wish to tell of a case I had where the nurse, who was a graduate, had to leave for another engagement, I taking her place. It was an obstetrical case. After having bathed the baby, I was asked if I washed the baby's clothes. The question rather surprised me, and I answered yes, and then wished to know why the question was asked. The reply was that there had been trouble between the other nurse and the cook on this account. The nurse said it was not her place to wash the baby clothes, diapers, etc., and placed them in the laundry for the cook. The nurse also refused to return the tray after it had been brought up to her. The result was that the cook, who had been with the family four years, left. Now, does this not show that graduate nurses have themselves to blame if non-graduates and practical nurses are taking their places?

The Y. W. C. A. for the last few years has been training and sending out hundreds of well-educated women, who have passed their examinations as nurses and who now receive \$10 to \$15 a week, and who do not hesitate to help with the housework when necessary. A nurse, in the September number, wrote that the non-graduates charged \$21 to \$25 a week. I think it will be found that very few charge so much. I also think that few really claim to be graduates, but are simply taken for such on account of the dress. I always wear the blue and white striped dress, and apron, collars and cuffs, and see no reason why I should not. It has not been my object to criticise the graduate nurse, but as so much has been said against the non-graduate or practical

nurse, I thought some words should be said in her defense. Very respectfully,

A NON-GRADUATE NURSE.

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#### Our Inspiration

DEAR EDITOR: I renew my subscription with pleasure. I find it a great help to me in my work. In comparing it with other nursing books, I find it superior and up-to-date in every respect. Yours respectfully,

(MRS.) ELLEN JENNINGS.

DEAR EDITOR: Enclosed please find amount of subscription to THE TRAINED NURSE. Have subscribed to your magazine since 1895, and have bound volumes from 1891, which I consider the most valuable part of my library, as they contain much practical information which can readily be obtained. Speaking of the practical good of THE TRAINED NURSE, taken as a whole, one can safely say it is the best journal of nursing published to-day, being on a firm basis of practical work. We have too much theory in the profession; too little of good, common sense.

Very truly yours, ROSE M. HEAVREN.

DEAR EDITOR: I am a reader of THE TRAINED NURSE, and am in position to say that I appreciate your efforts to make a profitable reading journal for nurses, and I can assure you that I feel that your efforts are rewarded, in this, that I am not acquainted with any magazine that more nearly fills its appointed place than THE TRAINED NURSE. It is certainly invaluable to the trained nurse, and should be patronized by all nurses.

Respectfully, ALBERT W. STERLING, M.D.

DEAR EDITOR: I have been a subscriber for two years and now feel that I could not do without the magazine. It has certainly been a great help to me, and I can hardly wait till the time comes for it to arrive each month. I am making good use of it to-night, as I have just returned from a long case and find it waiting for me. Always wishing you success, I am,

Yours sincerely, J. M. REINICKE.

DEAR EDITOR: It is with great pleasure I enclose my year's subscription, as I consider THE TRAINED NURSE a very valuable magazine, one of the best I have ever read and most helpful in many ways. Very truly yours,

SISTER CATHERINE.

# Book Reviews

*A Text-Book of Human Physiology.* By Albert P. Burbakes, A.M., M.D., Professor of Physiology and Hygiene in the Jefferson Medical College; Professor of Physiology in the Pennsylvania College of Dental Surgery; Lecturer on Physiology and Hygiene in the Drexel Institute of Art, Science and Industry. With colored plates and 354 illustrations.

In this volume the author presents physiology in a form which cannot fail to be most helpful to students and practitioners of medicine. The one fact which stands out most prominently in the scheme adopted by the author is the arrangement of the subject matter in a way to bring out not only the normal functions of the tissues and organs of the body, but also the application to general practice of the abnormal manifestations. The author's experience as a teacher for more than twenty years adds much to the value of his choice of facts and the mode in which they are presented. He has selected from the whole range of physiology those essentials which are most interesting and serviceable to the student and practitioner. The book contains some seven hundred pages divided into twenty-seven chapters with an appendix. Commencing with a chapter on the Chemic Composition of the Human Body, the writer follows with Physiology of the Cell, Histology of the Epithelial and Connective Tissues, Physiology of the Skeleton, followed by two chapters on muscle-tissue and nerve-tissue. Chapter VIII takes up the question of foods, with two subsequent chapters on digestion and absorption. Then follow in order the blood, circulation, respiration, animal heat, secretion and excretion. Ten chapters are devoted to the nervous system in its various subdivisions and to special senses. The physiology of reproduction, and a chapter on physiological apparatus concludes the book. Each subject matter is introduced by a histological anatomical, or chemistry summary, thus serving to refreshen the mind with those fundamentals; and thereby rendering a clearer conception of the application of the processes described or illustrated. The author has excluded from the text the descriptions of physiological apparatus and methods of investigation, except where such have a clinical application. In the appendix is a brief, yet complete, account of the principal forms of apparatus, as well as a description of the method

of application, and purposes of each. The work is systematic and modern, and cannot fail to meet the approval of students, teachers and practitioners. The paper, type, illustrations and make of the book are excellent. Cloth binding, price \$4.00, net.

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*The Practice of Obstetrics.* A Text-Book. Designed for the use of students and practitioners of medicine. By J. Clifton Edgar, M.D., Professor of Obstetrics and Clinical Midwifery in the Cornell University Medical College; Visiting Obstetrician to the Emergency Hospital of Bellevue Hospital, New York city; Consulting Physician to the New York Maternity Hospital. Second edition, revised, with 1264 illustrations including 5 colored plates, and 38 figures printed in colors. Cloth, \$6.00; sheep or half morocco, \$7.00, net.

This book is founded upon fifteen years work in maternity hospitals, and in bedside and didactic teaching. This includes 2,200 confinement cases from which many of the statistics are drawn. The author's aim was to present the subject of midwifery from a practical and clinical standpoint in order to best meet the requirements of the student of medicine as well as those of the active obstetrician. This object is admirably carried out both in the text and illustrations, and is worthy of special mention. The illustrations surpass in number and exceed in practical value those of most books of like character. They are largely from original sources, and are inserted in the text where they are wanted and where the eye catches them, at the place the text explains them.

Too short a time has elapsed since the appearance of the first edition to make necessary a complete revision of this work, but we note the following changes. Under Pathological Pregnancy will be found a section on "The Toxemia of Pregnancy," and under this subject has been placed: 1. Nausea and Vomiting; 2. Icterus; 3. Convulsions and Coma; 4. Eclampsia.

The section on Fever in the Puerperium in Part VIII of the first edition, which included Puerperal Sepsis, has been entirely rewritten and brought up to date under the heading of Morbidity in the Puerperium. All the colored plates of the first edition have been remade, and three new ones have been added to the second edition.

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**Absolutely Pure**

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## Staying Power FOR THE TIRED BRAIN

Horsford's Acid Phosphate keeps the mind clear, the nerve steady and the body strong—a boon to the overworked officeman, teacher and student.

## Horsford's Acid Phosphate.

When you write Advertisers, please mention THE TRAINED NURSE

namely, two of the Toxemia of Pregnancy, and one of the stools of healthy Breast-fed Infants. Many of the illustrations of the first edition have been redrawn, and forty-five new illustrations have been added. In the second edition the author has found it necessary to change the relative amount of space devoted to Embryotomy and Cæsarean section, namely eighteen pages to the former, and eight to the latter; because Embryotomy comprises eight distinct operations, many of them complicated, and some of them performed upon the dead fetus, while Cæsarean section, on the other hand, is a single and simple operation and not so frequently made use of.

We believe that a most critical examination of this work will justify the unqualified indorsement it has received, and it could hardly have a stronger testimonial than the fact that the first edition was exhausted within four months of its publication.

✧

*Materia Medica for Nurses.* By Emily A. M. Stony, late superintendent of the Training School for Nurses, of Carney Hospital, South Boston, Mass. 12mo. volume of 300 pages. Second edition, thoroughly revised. Cloth, \$1.50, net.

In making the revision of this new second edition, the entire text has been gone over with the greatest care. All the new drugs which have been shown to be of actual therapeutic value have been included, their preparations, uses, and doses being clearly and fully defined.

To those not familiar with the book we would state that the first part of the book is devoted to the general considerations and classification of drugs. The second part to the subject-matter proper of the lectures from which the book was prepared. The third part, or appendix, contains Poison-emergencies, Poisons and their Antidotes,

Emetics, Mineral Waters, Weights and Measures, Dose-list and Glossary. The doses of all drugs have been given in both the Apothecaries and Metric Weights. In the preparation of the work every effort has been made to make it as practical as possible.

✧

*The Art of Massage.* Its Physiological Effects and Therapeutic Applications. By J. H. Kellogg, M.D., superintendent of the Battle Creek (Mich.) Sanitarium. Fourth edition. Price, cloth, \$2.25.

In this book Dr. Kellogg treats the subject of massage in a way that is both instructive and interesting. From his twenty years' study and practise of massage in the treatment of various diseases, the author is well qualified to speak authoritatively upon the subject, and to point out the best method for its employment. This he does without the use of technical terms and the work is free from those indefinite directions so common in many treatises upon massage. By a series of plates consisting of 139 figures, and by means of charts, a very clear and exact idea of the mode of applying the various procedures described in the text is secured. The important paragraphs throughout the book have been numbered, which serves as a ready means of reference, and is very convenient in looking up special directions or exercises.

The demand for this work which has made necessary the issuing of a fourth edition is an evidence of its value as a hand-book of massage. The author expresses the hope that the improvements which an opportunity to revise the work has enabled him to embody in the present edition will make it still more useful and acceptable. We recommend this book to nurses and physicians, and to teachers in training schools for nurses, where the teaching of massage and gymnastics form a part of the curriculum.



THE DAINTIEST SOAP MADE is HAND SAPOLIO for toilet and bath. Other soaps chemically dissolve the dirt—HAND SAPOLIO removes it. It contains no animal fats, but is made from the most healthful of the vegetable oils. It opens the pores, liberates their activities, but works no chemical change in those delicate juices that go to make up the charm and bloom of a perfect complexion. Test it yourself.

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THE FAME OF SAPOLIO has reached far and wide. Everywhere in millions of homes there is a regard for it which cannot be shaken. Sapolio has done much for your home, but now for yourself—have you ever tried HAND SAPOLIO, for toilet and bath? It is related to Sapolio only because it is made by the same company, but it is delicate, smooth, dainty, soothing, and healing to the most tender skin. It pleases every one.

**ITS USE IS A FINE HABIT—ITS COST BUT A TRIFLE**

# The Hospital Review

The Fortieth Annual Report of the Trustees of the Boston City Hospital recently issued includes the report of the superintendent, George H. M. Rowe, M.D., upon the hospital proper, the South Department for Infectious Diseases, the Relief Station at Haymarket Square, the Convalescent Home at Milton Lower Falls, and also the Medical and Surgical Statistics, House Rules, with rules for admission, discharge and government of patients. The report is finely illustrated with half-tones of buildings, floor plans and maps.

Among the many matters of interest contained in the report is the following statement in regard to the ambulance service: "This Hospital has probably the largest ambulance service of any hospital in America. There have been so many inquiries during the last few years for statistics of our ambulance service, its equipment and the amount of work accomplished, that the following statements are inserted: We now have two ambulance stations, one at the main Hospital, and one at the Relief Station. The Ambulance Station at the main Hospital does service for the Hospital itself, the South Department, and transportation of patients to the Convalescent Home. At the main Hospital there are seven horse ambulances and four upon runners for winter work, also one electric automobile ambulance. The Ambulance Station has five horses for the main Hospital, and four for the South department. There is also one wagonette for the transportation of patients from the Hospital and South Department to the Convalescent Home in Dorchester, and at the Relief Station two horse ambulances and two horses, making a total of fourteen ambulances and eleven horses."

The report of the ambulance service briefly summarized is as follows: Number of patients brought to main Hospital, 2,650. Number of patients brought to South Department, 2,019. Number of patients brought to Relief Station, 1,644. Number of patients brought to Convalescent Home, 334. Patients carried out from main Hospital, 120. Total, 6,767. The number of miles run as shown by the odometers was as follows: Main Hospital, 14,031. South Department, 12,682. Relief Station, 4,082. Convalescent Home, 795. Total miles run during the year, 31,590.

Speaking of the tent service the report says:

"This equipment is always available, and consists of two tents 60 feet by 20 feet, containing 10 beds each, and two tents 20 feet by 30 feet, containing 10 beds each, or a total of 60 beds. There is also a tent for the head nurse with her office, medicine closet, linen stores, house line telephone and sundry supplies needed for a service of 10 patients; and a commissary tent, containing a sink with hot and cold water, and the necessary crockery and refrigerators as the distributing point of the food. A marquee tent, 20 feet by 30 feet, with open sides, served as a sitting-room or resting place for convalescent patients, who were able to walk only short distances and yet were not confined to the bed. A temporary hut, in the rear and partially hidden from general view, was constructed, with a water-closet, toilet sinks, storage for ward crockery, and a slop hopper, with auxiliary outfit. The tents occupy an open sodded area, about one acre in extent, which is the only portion of the Hospital grounds not yet crowded with buildings. These tents received patients June 3 and were closed on September 16, making a summer service of three months and thirteen days. The cases sent to the tents were not specially classified. They were both medical and surgical, but, as far as possible, patients with wasting diseases, open wounds, or typhoid cases. It cannot be stated with accuracy whether the recoveries were better here than in the wards, but the general impression of those competent to judge was that the patients were just as well cared for, besides receiving all the special benefits of open-air treatment. Typhoid patients, with unusually high pulse and temperature, apparently gained faster than parallel cases in the wards, except when they became greatly delirious, when they were transferred to places of greater safety. The nurses and orderlies esteemed it a great privilege to be assigned to the tents, where, by the same open-air life, their flagging energies were revived, and the daily fatigue was less than in many of the wards."

✻

The cornerstone of the \$100,000 Northern Pacific Hospital, Tacoma, Wash., was laid August 21. An elaborate programme of music and speeches preceded the ceremony, Judge B. S. Grosscup delivering the address of the occasion.

## A Distinction AND A Difference

To confirm our previous statements relative to HEMABOLOIDS and to define our claims for this preparation, we here-with emphasize—1st, What It Is Not, and —2d, What It Is.

### *Hemaboloids*

**IS NOT** a so-called "peptonate" or "albuminate" of iron.

**IS NOT** a so-called "blood iron" it does not *contain* blood, but *makes* blood.

**IS NOT** an inorganic or metallic salt of iron.

DOSE—One tablespoonful  
3 or 4 times a day.

**IS** a solution of ferruginous nucleoproteids obtained from vegetables rich in iron.

**IS** not only a hematinic, but also contains immediately assimilable albuminoids (peptones) added for the purpose of enhancing nutrition.

**IS** equal in actual iron content (one tablespoonful) to 15 minims Tr. Ferri Chlor.

*The Palisade M'f'g Co., Yonkers, N. Y.*

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(NO DRUG HABIT—NO HEAD-ACHE)  
**Antikamnia Tablets**  
(OPPOSED TO PAIN.)

## A POSITIVE RELIEF

For Headaches, Neuralgias, Women's Ills and For All Nerve Pain  
No Matter Where.

### "Antikamnia Tablets"

ADULT DOSE: Two Tablets Every Three Hours

For Tickling Coughs, Hacking Coughs, Night Coughs, Consumptives' Coughs, Deepseated or Otherwise, and for Severe Pains,  
Particularly Ovarian and Pelvic

### "Antikamnia & Codeine Tablets"

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One or Two Tablets Every Three Hours

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**THE ANTIKAMNIA CHEMICAL COMPANY**  
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When you write Advertisers, please mention THE TRAINED NURSE

**St. John's Guild** opened its Seaside Hospital June 20. Since that date it has given over 20,000 days of hospital treatment to 2,200 patients. The service has been heavier than ever before in the history of the guild, owing to the fact that there has been more sickness of unusual severity.

The floating hospital made its first trip July 5. Since that time it has carried over 25,000 children and their mothers, including more ill babies than ever before, both wards going out crowded almost every day.

The great suffering among the small children and babies of the poor has been attested by the Department of Health, and the trustees of the guild have strained every nerve to give as much relief as the hospitals could furnish. This has made a great drain upon the resources of the guild.

The Seaside Hospital employs three physicians and forty nurses, and the Floating Hospital one physician and six nurses, besides maids, orderlies and crew. In addition, the medical treatment given, which is the very best, Dr. Abraham Jacobi, being president of the Guild's Medical Board, scientific research is being made and data gathered by a resident bacteriologist at the Seaside Hospital, and mothers are helped and strengthened and taught how to care for their children in a simple way that may be carried out at home.

~

The new Beth-Israel Hospital at Jefferson and Cherry Streets, New York city, will be enlarged by the addition of a remodeled six-story tenement house at the southwest corner of Jefferson and Monroe Streets. Bridges will connect the house with the hospital. It will be used as quarters for the nurses.

Rev. F. Victor Romanelli, rector of the Church of Our Lady of Mt. Carmel, Orange, N. J., has secured the property at Centre and Hurlbut Streets for the new hospital of Mt. Carmel. The land has a frontage of 140 feet on Centre Street and a depth of 180 feet on Hurlbut Street. The property was occupied for many years by the late Samuel F. Jayne, and the house, which contains seventeen rooms, will be the first building to be used for the hospital. Father Romanelli now has practically the entire frontage on the south side of Hurlbut Street, only three places remaining there which have not been secured. It is proposed obtaining these, and the hospital will therefore have entrances from Cone, Hurlbut and Centre Streets.

It is expected that the building will be opened by November 1 at the latest, but it may be possible to receive patients at an earlier date. There is room in the Jayne house for twenty-five beds and as fast as the necessity demands additional beds will be placed in the other houses, which are situated on Hurlbut Street.

A well-known Orange physician has offered to equip the operating room with all the accessories needed, and the offer has been accepted. Dr. O'Rourke has also given the perpetual maintenance of a bed in the institution.

~

By the completion of negotiations between the State of New York and the heirs of the Libb estate, a site has been obtained for the proposed State Hospital for Crippled and Deformed Children, for which the last legislature appropriated \$50,000.

The property acquired is the old Libb homestead on Treason Hill, near Haverhill, Rockland County, and the heirs received for the State \$25,000 for it. Those present at the deal was closed were: A representative of the attorney general, Dr. Schaffer, who is to be head of the new institution; Harvey Dehaene, lawyer, and George M. Libburn and James Gillies, executors of the estate. Work of demolishing the old homestead and other buildings on the property will be begun immediately. Modern buildings in which to carry on the preparatory work will be put up, and it is believed that next summer 200 children will be inmates of the new institution.

~

The Alma Hospital at Alma, Mich., is pleasantly located on a slight elevation of ground, thus affording excellent drainage and pure spring water. It is two stories high, has a cobble stone foundation with a superstructure of red pressed brick. On the first floor there is the reception room, parlor, library, the business and doctors' offices; also the dining room, kitchen, laundry, etc. On the second floor we have the patient's private rooms, bath, operating, dressing rooms, etc. Also a part for the nurses and servants. The floors are all of hard maple, oiled and polished. Dr. Brainard is owner and medical superintendent of the institution, his wife superintendent of nurses, there being five in the class at present.

~

Holabird & Roche and Richard E. Schmidt have been invited by the building committee of the Michael Reese Hospital, Chicago, Ill., to



# MELLIN'S FOOD



"Handsomest exhibit in the building," has been said repeatedly of our booth in the Agriculture Building at the World's Fair.

We invite all "Our Loving Friends" to call on us and see the Marble Statues, Pictures and Oil Paintings, look into the Biogen, and try for the \$250.00, which we offer to the person, who guesses correctly on the boys and girls.

Give us the pleasure of a call.

MELLIN'S FOOD COMPANY,      BOSTON, MASS.

submit competitive plans for the new hospital, which is to be erected on the site of the present institution, at Twenty-ninth Street and Groveland Avenue. The committee consists of Leon Mandel, chairman; M. Born, Julius Rosenwald, Harry Hart, M. E. Greenebaum, Benjamin Rosenberg and W. N. Eisendrath. The new building is to be a fireproof structure and will cost about \$350,000.

**In response** to cards which were sent to the citizens of Charlottesville, Va., the public reception given by the new Martha Jefferson Sanatorium, was well attended on its opening day, July 11, 1904.

The four-story building is situated in a pretty part of the town, thus affording pleasing views from all of its windows, especially from those on the South-East, which open toward "Monticello," the colonial mansion which once belonged to Thomas Jefferson.

It is in remembrance of this President's daughter that the Sanatorium is named.

The imposing structure is thoroughly equipped

with all modern conveniences, is well lighted, ventilated from cellar to attic, and the roof is wisely situated on the fourth floor, to avoid chance of disturbing patients by its least smoke.

For the service of the patients, there are galvanic, faradic and static batteries, and a massage machine. Massage is given to those who need that method of treatment.

There are no free wards, but a doctor treats charity patients at his own expense.

**The indications are** that the Naval Hospital for the marines and other forces employed in the Panama Canal, may be located in New Orleans. The officers of the station are anxious to see it here, and the report for 1904 says:

"This station would be a much better place for the recuperation of a battalion of marines or other forces employed in construction of the Isthmian Canal than the station at Guantanamo."


The report quotes General B. E. Ellison of the United States Marine Corps, and other inspecting officials, in favor of the plan, and calls attention



THE MARTHA JEFFERSON SANATORIUM, CHARLOTTESVILLE, VA.

**In the  
Home  
Hospital**

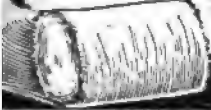
The great remedy  
for the relief of  
aches, pains, and  
the thousand-and-  
one hurts and acci-  
dents that are likely to occur at  
any time, is



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EXTRACT**

*Sold only in sealed bottles under buff wrapper  
Accept no Substitute*

Pond's Extract Co. offers three prizes of \$25,  
\$15 and \$10 respectively, to the three persons  
sending, on or before 1st. Jan. 1904, the largest  
number of words which  
rhyme with "Extract."  
76 Fifth Ave., New York.



ASK  
YOUR  
DEALER  
FOR  
THE



PNEUMATIC  
CUSHION  
HEEL

LIKE  
THE  
BUILDING  
OF A  
HOUSE

WHEN a man builds a house he takes care  
to first prepare a firm foundation.

When a physician begins the treatment of an  
anæmic or chlorotic patient, he must first  
consider the "building of the blood," the  
fountain and foundation of healthy life.

## Pepto-Mangan ("Gude")

Supplies the necessary oxygen and hæmo-  
globin-carrying elements and thus successfully  
builds from the foundation upwards in cases of

**ANÆMIA, CHLOROSIS, AMENORRHEA,  
BRIGHT'S DISEASE, CHOREA, Etc.**

Prescribe PEPTO-MANGAN "GUDE" in original  $\frac{3}{4}$  xl bottles to avoid  
substitution. IT'S NEVER SOLD IN BULK.

**M. J. BREITENBACH COMPANY,**  
LABORATORY: LEIPZIG, GERMANY.  
Sole Agents for United States and Canada,  
NEW YORK.

to the very low death rate here, 18.2 in 1,000 for the white population. When Secretary Moody was here in the spring the subject was mentioned and he spoke favorably of it.

~

**The St. Paul, Minn.,** board of charities and corrections will ask for \$35,000 for the purpose of establishing a hospital for incurables, persons who do not properly belong to the poor farm, the city hospital and the asylums. In addition, it has been decided to complete the administration building at an expense of \$54,000. The total amount asked for the department is \$115,675.

The board will try to establish a \$15,000 brick plant at the workhouse.

~

**Plans for the group of buildings** to comprise the County Hospital for the Insane at Lima, Delaware County, Pa., will be drawn by Henry I. Reinhold, Jr. The structures will cost \$150,000. There will be an administration building, a dining hall and kitchen, two ward buildings and a power plant, all of stone.

Accommodations will be provided for 200 patients. The administration building will meas-

ure 65 by 40 feet and be three stories high. Two ward buildings on each end will measure 165 feet and be two and one-half stories high.

As soon as the plans are completed, estimates for the work of erection will be invited by the Directors of the Poor of Delaware County.

~

**At a meeting** held at the home of Meyer Goldberg, 157 East Seventy-fourth Street, New York city, the initial steps were taken for the organization of the Hebrew Convalescent Home Association. The men behind the project are those who fourteen years ago founded the Hebrew Free Loan Society.

It is proposed to buy a tract of land in Westchester County and erect a home for convalescents just leaving the hospitals and who have no homes. As the Free Loan Society, the new project is to be non-sectarian, although it will be conducted by Hebrews.

~

**The work** on the much needed \$16,000 addition to Mercy Hospital, Bay City, Mich., is progressing rapidly.

## Miscellaneous

### Los Angeles, Cal.

An ordinance was passed on September 9, creating the position of trained nurse for the public schools. The ordinance provides that the person to be appointed receives a salary of \$75 a month. The appointee is to give all of her time to the work of looking after the sanitary condition of the schools and the health of the pupils and teachers.

The appointment of one nurse at this time is intended simply as an experiment, and if it works well, others will be added. The nurse will visit each of the city schools in turn.

~

### Change in Course For Nurses

Beginning October 1, 1904, the length of the course at the McLean Hospital, Waverley, Mass., will be increased from two to two and a half years, more instruction will be given and more time for study. There will be courses in anatomy, physiology, hygiene, bacteriology, urinalysis, hydrotherapy, electrotherapy, massage, physical exercise, the dispensing of drugs, housekeeping, cookery, general nursing, and the nursing of cases of nervous and mental disease. Instruc-

tion will be given by means of text-books, lectures and by demonstrations and actual work in the dispensary and the laboratories, as well as in the wards of the hospital.

During a half of the first school year the pupils will be given no more work on the wards than is necessary to put in practice the demonstrations received in the course of instruction—perhaps two hours daily. For this time it will be practically a boarding school for the pupil nurse.

The change will necessitate the employment of more nurses and will be an additional expense to the hospital, notwithstanding a reduction of \$5 in the monthly pay.

The length of the course for men nurses will continue for the present to be two years.

~

### For State Registration

The nurses of Providence appoint a meeting for Wednesday, October 19, 1904, at the Y. M. C. A. Hall for the purpose of establishing a State registry. All Rhode Island nurses are invited.

SALLIE S. IRISH,

26 Preston Street,

Providence, R. I.

Rhode Island Hospital Alumnae Association.

FOR  
**CONSUMPTION**  
AND  
**TUBERCULAR PLEURISY**  
USE  
**ANTIPHLOGISTINE**

Pulmonary tuberculosis, especially that following unresolved pneumonia, can always be greatly benefited and very often cleared up by the continuous use of Antiphlogistine, changed every twenty to thirty-six hours, for a period of weeks or months.

An immediate alleviation of symptoms, however, may be expected. The cough will become less distressing, the chills often disappear, while the pulse, evening temperature and general condition will be much improved.

These gratifying results can be largely ascribed to the vaso-motor stimulation of Antiphlogistine upon those vessels within and adjacent to the affected lung tissue. This stimulation increases the ability of the vessels to absorb and remove the interstitial fluid accumulation and convey nourishment to the debilitated cells through re-established circulation.

For Tubercular Pleurisy the application of Antiphlogistine is the ideal treatment for relief or to prevent recurrent attacks.

**DIRECTIONS.**—Spread the Antiphlogistine, as hot as can be comfortably borne, upon the skin over the affected lung and cover with cotton and a cheese-cloth jacket similar to the dressing used in pneumonia. Always heat in the original container by placing in hot water. Needless exposure to the air or water impairs its usefulness.

To insure economy and the best results always order a full package and specify the size required—Small, Medium, Large or Hospital Size.

---

**THE DENVER CHEMICAL MFG. CO.**

(INCORPORATED IN 1893)

**NEW YORK**

# Practical Points

Success in therapeutics does not lie so much in the drug used as in the manner of its administration.—Trousseau.



The pus organisms of dental caries, like those of all necrosing bone, are particularly virulent, and the swallowing of such organisms is a prevalent cause of gastric trouble. The mouth should be kept as nearly sterile as possible.



For severe and obstinate bed sores the patient may be placed in a permanent bath when there is no contraindication to such treatment.



When the lochial discharge is abnormal as evidenced by odor, rapid pulse, fever, etc., or when there is a lack of the normal discharge the uterus should be douched with not less than a gallon of sterilized hot water having sufficient common salt to make a normal saline solution.



It has come to be recognized that there is no single act which in itself proves insanity on the part of the doer—that an expert investigation includes an examination of the entire individual in corporeal and psychical respects.



A nurse should be sufficiently posted on current literature to select such reading matter as shall tend to the enjoyment and well being of her convalescent patients.



A good obstetric nurse never neglects to give a thorough enema of soap-suds during the first stage of labor.



When the administration of strychnia is left to the nurse she should watch for those signs which

indicate marked physiological effects. First among these are a sense of constriction of the jaws, dilatation of the pupils, a momentary meaningless smile, and flushing of the face followed by paleness.



Trional is an effective hypnotic in ten-grain doses. It will not produce sleep when pain is the cause of wakefulness, but it is indicated when there is undue excitement of the cerebrum following mental overwork or anxiety.



As a rule boiled, baked and stewed meats require less time for their digestion than fried meats.



Acute gastritis is best treated by fasting. Two or three day's rest of the over-taxed organ will generally produce satisfactory results.



Conflict, struggle, opposition, are the levers by which truth is lifted up.



A solution of tartaric acid will readily remove blood stains from hands.



Neglect not little things. Fragrant atoms in the air reveal the hidden rose.



Diabetes mellitus in children is rare. This is one of the diseases of childhood which produce rapid emaciation. It is exceedingly fatal in young children.



Let in the light. For the nurse there is no better monitor to keep everything spotlessly clean than those tell-tale rays streaming in revealing dusty corners, dirty dishes and soiled linen.





The best substitute for, or adjuvant to, the MOTHER'S MILK

# THE "ALLENBURYS" FOODS



## MILK FOOD "No. 1"

For infants from birth to three months of age.

## MILK FOOD "No. 2"

For infants between the ages of three and six months.

## MALTED FOOD "No. 3"

For children of six months and upwards.

## The "Allenburys" Milk Food No. 1

is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast without fear of upsetting the young infant.

The "Series" is so arranged that each "Food" affords the maximum amount of nourishment which, at the period for which it is intended, the organs of the child can with perfect ease digest.

Evidence of the great value of our system of infant feeding is constantly accumulating through letters received from nearly all parts of the world, not only from parents, but also from prominent members of the medical profession, telling of the very gratifying results attending their use of the "Allenburys" Foods, often in cases apparently hopeless, and after many other artificial foods and modified milk had been tried.

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# MENNEN'S BORATED TALCUM Toilet Powder

Delightful After Bathing  
A Luxury After Shaving

A positive relief for Chapped Hands, Chafing and Sunburn, and all Affections of the Skin. Removes all Odor of Perspiration.

GET MENNEN'S—the only genuine with a National reputation as a perfect Toilet Requisite. "A little higher in price but a reason for it." The inventor's portrait on box cover is a guarantee of absolute purity.

Approved by the Medical Profession and Trained Nurses for the use of Infants and Adults. Refuse all other Powders which are liable to do harm. Avoid harmful imitations.

SOLD EVERYWHERE, OR MAILED FOR 25 CENTS. (SAMPLE FREE.)

GERHARD MENNEN CHEMICAL CO., Newark, N. J.

# New Remedies and Appliances

## Unguentum Resinol

"I desire to say that I am not a stranger to your unparalleled product, Unguentum Resinol. I think it far exceeds any and everything in the line of unguents now upon the market. I have used it in a variety of ailments and always with uniform success. My first experience with Resinol was in a case of pruritus vulvæ. My wife had been suffering for years with this terrible trouble, for which I was unable to afford more than temporary relief until I received a small sample box of the Resinol. I told my wife to try it and to my utter astonishment and my wife's great pleasure, it not only afforded immediate relief but a permanent cure with a single application."—Dr. H. S. COOPER, Bald Mount, Pa.

## Exodin

The latest and best cathartic is odorless and tasteless, and unique in its reliability, pleasantness and harmlessness. It is readily taken and well borne, never causing nausea, eructation, diarrhœe, or other undesirable effects. Defecation occurs usually after 8 to 12 hours without any discomfort or reaction.

Prof. Wilhelm Ebstein, of Goettingen University, has experimented with this new remedy on a very large scale (*Deutsche Medicinische Wochenschrift*, January 1, 1904). He finds that it stands midway between the laxatives and purgatives, and that it is an excellent evacuant in constipations of healthy individuals, or when constipation occurs as a complication. Especially in pregnancy, even during the first two months, when all other drugs failed to act, exodin gave excellent results.

The remedy is furnished as  $7\frac{1}{2}$  grain tablets. One tablet is the dose for children, while adults take one, two, or three tablets. The tablets should be stirred up in water, where they easily disintegrate, and swallowed.

## Our Baby

"The average weight is  $7\frac{1}{2}$  pounds, anything between 6 $\frac{1}{2}$  and 10 pounds being perfectly normal. The baby's length ranges between 16 and 22 inches, averaging about 19 inches. It breathes

anywhere from 30 to 50 times a minute for the first two or three weeks and the breathing is seen over the abdomen. During sleep respiration is usually regular, but when awake it may be irregular, the baby even holding its breath without apparently intending to do so. These irregularities are not to be considered. After the first month the breathing is nearer 25 per minute and is increased in fever and becomes labored when there is a cold on the lungs.

"The pulse varies in a similar manner to the breathing, and any irregularity that may be noticed may usually be disregarded. The beats vary from 120 to 150 per minute. In girls it is supposed to be a little faster than in boys. The pulse may be felt at the wrist, seen or felt in the neck and seen at the top of the head where the bones have not come together."

*The Baby's Care.* Filled with useful suggestions for mothers and nurses. It is free on request, also sample of Carnrick's Soluble Food and Lacto-Preparata. Address Reed & Carnrick, 42-46 Germania Avenue, Jersey City, N. J.

## Glyco-Thymoline

The indifference of phthisical patients toward the maintenance of sanitary conditions is proverbial.

That the environment of all such patients should be absolutely aseptic, both for the good of the patient and for the welfare of those who are brought into contact with them, is a well-established fact.

The odor of the ordinary antiseptic is exceedingly disagreeable to the average person, and intensely so to the average consumptive, hence the strong disinclination to the constant use of them.

In Glyco-Thymoline we have an antiseptic which, while mild and soothing in its effect on mucus and other surfaces, is still a powerful agent for promoting asepsis, and a potent factor in the maintenance of sanitary environment in the sick room.

## Shipments

If you purchase elsewhere, do you obtain prompt shipments? We do not carry hospital





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**VAN RIPER'S  
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GIVE THE SPRING  
ELASTIC STEP OF YOUTH

The above reproduction of the familiar card seen on all the trolley cars implies the adaptation of O'Sullivan Heels to all Shoes—to the young as well as the old—to men as well as women—to the healthy as well as the sick—to the strong as well as the weak.

There is actually no walk in life where these heels are not applicable.

But substitutes of second used rubber do not cushion the feet and their price is a waste of money.

Order by the name. All dealers sell O'Sullivan's for 80c. attached.

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RUBBER CO.**  
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by education  
knows that  
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# FURNITURE

is desirable from any standpoint. We manufacture such and would be pleased to mail to any address a set of half-tone pictures. Our prices are within reach of all. The cost of a set of pictures is the same as that of a postal card.

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AND

# Bedside Tables

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bedsteads in stock, but we are equipped to manufacture promptly.

You will be surprised to learn how quickly we can fill your order.

When we say goods will be shipped within a certain time, you can depend upon it, and make your plans accordingly.

May we have an opportunity to ship you. Our Red Cross Catalogue is yours for the asking.

The Hartford Bedstead Company. See advertisement in this issue.

#### **Horlick's Malted Milk**

The trained nurse frequently comes in contact with fastidious patients that tax her resources to the utmost to prepare a savory, appetizing dish. In such emergencies Horlick's Malted Milk should be considered because it offers unlimited opportunities for the exercise of modern refinement in the art of making up sick-room delicacies. It can be flavored in various ways, or made the basis of different delicious combinations that seldom, if ever, fail to tempt the appetite in extreme cases.

#### **Passiflora**

Dr. Allen, of Atlanta, reports a case of a middle-aged man who suffered from severe irritation and nervousness, brought on by what he considered unfortunate business relations. "I advised him to think less of his business after office hours, and if possible, leave it absolutely behind when he went home. I suggested that he eat a light supper and occupy his mind by reading some interesting book before retiring. Then I prescribed Daniel's Conct. Tinct. *Passiflora Incarnata* in teaspoonful doses to reduce the nerve tension. The effect was very gratifying. He was enabled to sleep soundly and arise feeling refreshed. He is now enjoying fine health."

#### **Neurotic Conditions in Women**

Prof. Chas. J. Vaughan, Chair of Gynecology, Atlanta College of Physicians and Surgeons, writes:

"Neurasthenia, neuralgia and other manifestations, either of an active or passive character, are common and are always peculiarly rebellious to treatment. Cerebro-nervous affections peculiar to women associated with pathological disturbances of the reproductive organs are legion, and most trying to physician and patient. I have found nothing so well suited to these cases as Antikamnia Tablets, administered in doses of from one to three tablets and repeated every one,

two or three hours according to the attendant's judgment."

#### **Wider's Perfection Temperature Chart**

As medical science advances, physicians require temperatures taken with increasing frequency in critical cases, often required every two or three hours, thus filling a short chart rapidly.

With the kind of chart in present use, it is necessary to paste one after another together, as the disease progresses, to obtain sufficient length to record the data required, a method inconvenient to the nurse, and resulting in a chart difficult for the physician to read either rapidly or accurately.

I have therefore designed a chart, folded in such a manner as to give a continuation of scale that carries the eye at a glance to any point, and of sufficient length to satisfactorily record the entire history of a case.

The use of Wider's Perfection Temperature Chart is earnestly recommended to all persons who care for the sick, as they save time and annoyance to all connected with the case, and are less expensive as one chart does the work of a large number of the ordinary kind.

In connection with Wider's Perfection Temperature Chart, has been prepared the Daily Bedside Record, invaluable in the sickroom, as they provide for one week's continuous record.

Send twenty cents in stamps or money to Miss Ottalie Wider, P. O. Box 4223, Philadelphia, Pa.

#### **Tyree's Antiseptic Powder**

"After an inspection of the process originated and employed by the manufacturer of this preparation, we do not wonder at its phenomenal success, and as an item of interest to the medical profession, we copy it in detail:

"One hundred pounds of borax and one hundred pounds of alum are placed in a crucible of proper size and fused together with heat. The water of crystallization will be driven off, and the borax and alum will fuse together in a mass. When taken from the crucible it occurs in large lumps, which must be reduced to a powder by means of appropriate machinery. Then the powder is passed through sieves of graduated degrees of fineness, in order to get the desired fineness and a uniform degree of fineness. Then antiseptics and aromatics are added to the powder, the manipulations being done by appropriate machinery. When this is completed, we have 'Tyree's Pulv. Antiseptic Comp.,' or, for short,



## The Appalling Infant Mortality

of the summer months is largely due to the dangerous quality of milk furnished most communities and particularly the larger cities. A Baltimore hospital recently examined the milk supplied to it and found an average bacterial content of over four million to the c. c. The New York Board of Health found many samples that ran over ten million; these are but instances. Most peddled milk is absolutely dangerous during the summer months and is a leading cause of the high mortality in children. In many cities there are three deaths from Cholera-Infantum to one of Tuberculosis.

## Protect the Infant Industry BY GUARDING AGAINST IMPURE MILK

### Highland Brand Evaporated Cream

is absolutely pure; germ-free, always fresh. It is the simplest, yet the most complete, substitute food for infants and invalids. Always ready. Just dilute with water q. s. and give to baby. *Trial quantity free to nurses.*

HELVETIA MILK CONDENSING CO.  
HIGHLAND, ILL.



Tyree's Antiseptic Powder."—Dr. C. F. TAYLOR, in the *Medical World*.

&

#### Gude's Pepto-Mangan

It is a notable achievement of pharmaceutical chemistry to place at the physician's disposal organic ferruginous compounds, which approximate closely in composition to the form in which iron is contained in the red blood-globules. The most prominent preparation of this kind is Pepto-Mangan (Gude). This consists of iron and manganese in the form of peptonates, which, representing albuminous elements in their last stage of digestion, are immediately absorbed and assimilated, without undergoing any previous transformation in the gastrointestinal tract. The presence of manganese in combination with iron in Pepto-Mangan is based upon the fact that both of these elements are found associated in the red globules.

&

#### Symptoms and Signs

are not infallible, although, linked with past experience, they give the nurse a timely warning that something is likely to happen. The unusual demand for O'Sullivan Rubber Heels would imply that back of it all merit has made it. This may be used as a guide for those who have never cushioned their shoes with new rubber, but it is the trial which gives personal knowledge of the difference between the tread of O'Sullivan's Heels and the reclaimed rubber which is applied to cheap hospital shoes.

By attaching O'Sullivan's Heels to the street shoe, an idea will be conveyed of what the Armor of Health will accomplish—the combination of the heels and soles.

&

#### The Curative Range of Massage and Swedish Movements

It is sometimes asked whether the practise of massage is fatiguing to the operator? Not if it is properly learned and practised. The hands are not alone to be employed in its administration, but the whole body should co-operate. Throughout a treatment there are certain definite positions of the legs and arms that are assistive. Nearly all movements are aided by the weight of the operator's trunk, hips and lower extremities, and when massage is thus applied, it reduces fatigue to a minimum, and tends constantly to the physical development of the operator himself. Neither are the diseases transferred by giving massage treatments, which is another question we are occasionally asked.

The best system of massage is the original Swedish (Ling) system, as taught at the Pennsylvania Orthopedic Institute and School of Mechano-Therapy (Incorporated) 1516 Green Street, Philadelphia.

The facilities for clinical work at this institution are unsurpassed, offering the student an excellent opportunity to get familiar with a great variety of diseases. An early application is necessary for the fall classes starting in October.

&

#### Kudros

"I earnestly and conscientiously recommend Kudros to take the place of all other stimulating products intended for the sick room; besides representing every advantage possessed by the best preparations of its class, it embodies advantages peculiarly its own; it is therefore in a class by itself. As a nutritive stimulant it is easily borne, delightfully agreeable to the taste and stomach. It may be employed in all of the chronic diseases characterized by serious blood and nerve lesions, as well as chronic bronchitis, typhoid fever, tuberculosis, and all other systemic or wasting diseases in which a stimulant is a prime requisite or factor.

It has been found a palatable addition to the dietary of the convalescent. . . . I particularly call attention to it as a medicine for women and children."

(Signed) J. W. SMITH, M.D., St. Louis.

&

#### Wakefulness

Five drops of Horsford's Acid Phosphate in half a glass of water, taken just upon retiring, will in many cases give a dreamless and refreshing sleep, where a much larger quantity might be found to prove an excitant rather than a sedative.

Indulgence in "late suppers and conviviality" at night is a prominent cause for wakefulness and unrestful sleep. In such cases an ordinary dose of the Acid Phosphate, taken just before retiring, will, by its action on the digestive organs, relieve these uncomfortable symptoms and produce a calm and undisturbed repose.

&

#### "Celerina"

Where hysteria is the result of uterine troubles, aletris cordial Rio, combined with Celerina, is an excellent remedy.

&

#### Sanmetto

Dr. J. L. Waffenschmidt, of Cincinnati, Ohio, who graduated from Miami Medical College in 1872, writing, says: "My experience with San-

# WOMEN IN PREGNANCY



For nausea in pregnancy, for convalescents, and for patients suffering from general gastric disturbances, Physicians will find an Exceptional Food in



## BURNHAM'S CLAM BOUILLON

(Absolutely Free from Any Preservative)

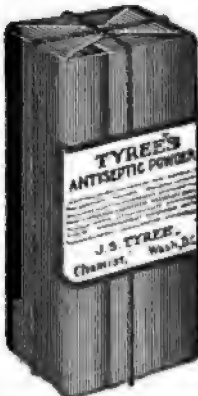
The list of liquid foods that can be used in such cases is exceedingly limited and the Physician is often harassed to find a food that will be acceptable and appeal to the patient's appetite. In such emergencies **BURNHAM'S CLAM BOUILLON** has been known and has been prescribed for years by some of the Leading Physicians. It is unlike any other liquid food, in that when prepared it presents an appetizing appearance and a tempting odor. It is a decided change from the ordinary delicacies for the sickroom. It is enthusiastically welcomed, as the average layman knows the value of the juice of the clam as a beverage, as strengthening and tonic in its effect, both to the stomach and the nervous system. An especially attractive feature

about **BURNHAM'S CLAM BOUILLON** consists in the fact that it is bottled in glass, being sold in pints and half-pints. This assures not only cleanliness and convenience in the serving, but perfect purity and freshness while using in the sickroom. All the leading apothecaries and grocers sell it.

**E. S. BURNHAM CO.** 53 to 61 Gansevoort St., NEW YORK

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## TYREE'S ANTISEPTIC POWDER



has the distinct advantage over Bichloride and Carbolic inasmuch as it not alone is harmless to the patient and physician, but also will not injure the fabrics or metals—a great point with the physician and surgeon. Its field of usefulness is so wide that to mention each condition would take up too much time and space. Its application is extremely simple and harmless even to children. The price is very economical. If you desire a sample free with the following valuable reprints :

- REPRINTS:—1. "Some Obstetrical and Gynecological Treasures of the Army Medical Museum."  
2. "A Report on the Antiseptic Treatment of Surgical Cases at an Emergency Hospital Clinic."  
3. "Rational Treatment of Cholera Infantum and Kindred Diseases."  
4. "Clinical Lines on Prickly Heat and Kindred Affections of the Skin."  
5. "Treatment of Acute and Ordinary Decubitus;" "Dental Asepsis," etc.

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metto has been pre-eminently satisfactory in all cases of irritable conditions of the urinary organs, and I prescribe it with a feeling of certainty of good results in catarrhal conditions of the pelvic organs and atonic conditions of the sexual glands."

&

#### Surgeon's Testimonials

"Unguentine has given me satisfaction and has merited my approbation."

ROSSELL PARK, M.D., (Prof. of Surgery,  
U of B.; Surgeon Buffalo Gen. Hosp., Etc.)

"I have used Unguentine as a dressing in superficial wounds and minor surgery and have found it to be most excellent."

ERNEST G. MARK, M.D.,

(Kansas City Med. Coll.) Kansas City, Mo.

"I find your claims for Unguentine as an antiseptic, astringent, emollient and restorative application are well evident in practise. Its essential constituents certainly make it a valuable resource."

D. MYERLE, M.D.,

(Surgeon Eastern Dist. Hospital,)

Brooklyn, N. Y.

&

#### Ergoapiol

CASE VI.—Mrs. D., widow, aged 33, had three children, youngest ten years of age. She had suffered all her menstrual life severe pains in the pelvis at each period; had to keep in bed a week or more each month; paroxysms of pain were followed by a flow of the "whites"; no anemia; womb found to be flabby and relaxed; pains extended down thighs posteriorly. Had been treated for many years by various physicians of note, but had received only temporary benefit.

Ergoapiol (Smith) was given her, one capsule three times a day, and increased at the time of the flow to four a day. After three months of this treatment her menstrual function became regular, and being entirely well now, she feels that life, after all, is worth living.

I shall be pleased to furnish any information desired as to Ergoapiol (Smith) and its use.

CHARLES H. SHEPARD, M.D., Durham, N. C.

&

#### They Speak for Themselves

To hospital superintendents and nurses in the United States and Canada, the Sellar Combination for Nurses contains all of the necessary articles for emergencies.

A neat brown leather case to attach to the belt with pin cushion on the end and strap between

case and cushion for safety pins, containing a pair of five-inch straight scissors with one sharp and one blunt point Collin lock and can be easily taken apart and cleansed. A five-inch forcep, probe, director and certified thermometer in nickel case. Also the extra articles for the nurses' bag, one glass catheter, one pipette straight, one curved, one vaginal douche tip, one rectal douche tip, one irrigating tip, and a measuring glass tea- and table-spoonfuls. See cut of same in this issue. All for \$2.65, post paid.

J. A. E. SELLAR.

&

#### Allenburys' Milk Foods

It is generally conceded that bacterially infected milk and unsuitable nourishment are the chief causes of the deplorably high summer death-rate of young infants.

Realizing the magnitude of this evil, the aim of modern practice as regards the artificial feeding of infants is to endeavor to provide nourishment similar in composition to human milk, and suited to the digestive capabilities of the young infant, and free from pathogenic organisms.

The "Allenburys'" Milk Foods fulfil these requirements, obviating the troublesome, and in the great majority of cases, impracticable expedient of modifying cow's milk in the home, and supplying nourishment suited to the needs of the child at different ages.

That they are free from pathogenic organisms is attested by the report of the Clinical Research Association. That they closely approximate in chemical composition to human milk is shown in analyses by Dr. R. Fresenius, Wiesbaden, and A. Gordon Salamon, Esq., F.I.C.; and by clinical experiments conducted at the Royal Charite Hospital, Berlin, by Dr. Bernard Bendix, the eminent German specialist in diseases of children, it was demonstrated that they are as easy of assimilation as maternal milk.

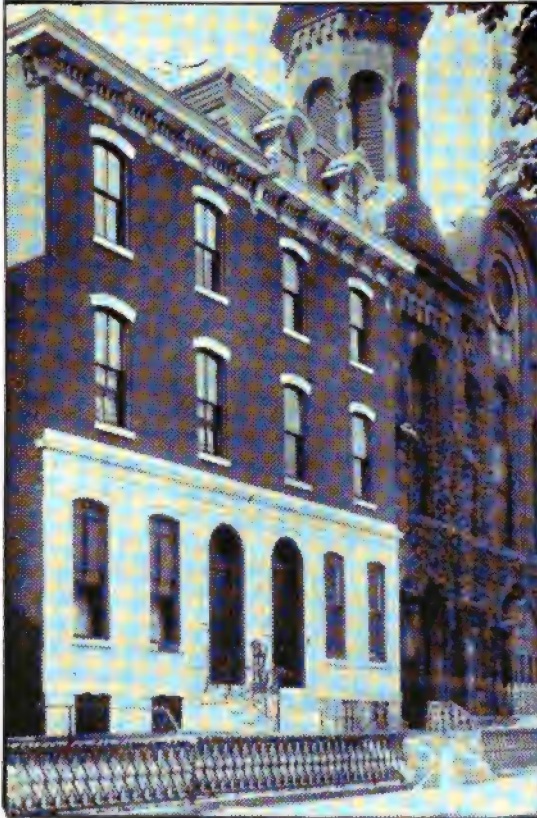
—*Canadian Journal of Medicine and Surgery.*

&

#### When To Operate in Appendicitis

Now or later? That is the question. While undecided use Antiphlogistine. Spread warm and thick over the abdomen and cover with absorbent cotton and a suitable compress. When used early the inflammation is often resolved, the attack is cut short and operation becomes unnecessary. The dressing should be renewed when it can be easily peeled off, generally in twelve to twenty-four hours.





## Fall Course for Nurses IN MASSAGE

Swedish Movements, Medical and Orthopaedic Gymnastics

**STARTS OCTOBER 5, 1904**

The Tuition Fee is \$60.00 Term, 3 Months

**Course in ELECTRO-THERAPY  
STARTS OCTOBER 20, 1904**

The Tuition Fee is \$25.00 Term, 8 Weeks

The course consists of daily clinical work and practical lessons on patients referred to the Institute from the various Hospital Dispensaries. Original Swedish (Ling) system.

Particulars and free booklet on Massage upon request.

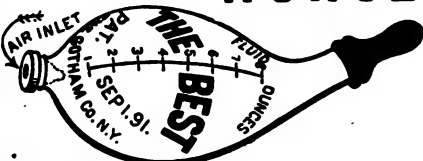
### INSTRUCTORS:

T. D. TAGGART, M.D. WM. ERWIN, M.D.  
MAX J. WALTER (Royal University, Breslau, Germany,  
and lecturer to St. Joseph's, St. Mary's  
and West Philadelphia Hospital for  
Women, etc.).  
FRANK B. BAIRD (Univ. Pennsylvania, medical dept.).  
HELGA INGEBORG NORSTROM (Royal Gymnastic Central  
Institute, Stockholm, Sweden).  
LILLIE H. MARSHALL (Pennsylvania Orthopaedic In-  
stitute).  
EDITH W. KNIGHT }

An early application for the fall classes is necessary.  
Pupils admitted after October 5th will have to remain as  
much longer as they were late in entering.

**Pennsylvania Orthopaedic Institute and  
School of Mechano-Therapy (Incorporated)**  
1516 GREEN STREET, PHILADELPHIA, PA.

## "THE BEST" NURSER



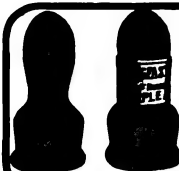
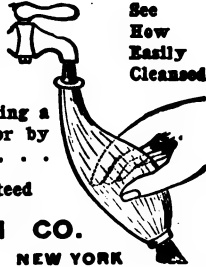
**NIPPLE  
CANNOT COLLAPSE  
PREVENTS WIND-COLIC  
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At druggists, 25c., including a  
"CLINGFAST" Nipple, or by  
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Safe Delivery Guaranteed

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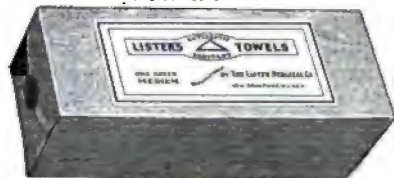


### "CLINGFAST" NIPPLE

Warranted Pure Gum.  
Right Size, Right Shape.  
Small hole, easily made larger.  
Simple, easily turned to clean.  
No ribs to catch secretion.  
Baby cannot pull it off.  
Outlasts ordinary nipples.  
Same price as cheaply-made, adulterated  
nipples—3 cts. each, or 50 cts. doz. At  
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THE GOTHAM CO., 62 Warren St., New York

## LISTER'S TOWELS FOR WOMEN



A SANITARY NECESSITY

Women who have used Lister's Towels say  
they are the most satisfactory article yet con-  
trived for the purpose, and consider their  
wardrobe incomplete without them.

Lister's Towels are

**Light, Cool, Hygienic,  
Comfortable and Economic.**

This great power to absorb and  
diffuse, make them *superior* to  
any other pad.

For gynecologic obstetric  
or cancer cases they have  
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Clip this coupon and  
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to one dozen of Lister's  
Towels and a 48-page  
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# The Publisher's Desk

## The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in  
Private Practice and in the Hospitals of the Country

Conducted by

ANNETTE SUMNER-ROSE

NEW YORK :

LAKESIDE PUBLISHING COMPANY

PUBLISHERS

(Published Monthly.)

NEW YORK OFFICE—Metropolitan Building.

BOSTON OFFICE—With Old Corner Book Store,  
27 Bromfield Street.

### THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

Annual Subscription, post-paid	\$2.00
Single Copies	.20

*Entered as second-class matter at the New York Post Office,  
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**COMPLAINTS** for non-receipt of copies or requests for extra numbers must be received on or before the 10th of the month of publication; otherwise the supply is apt to be exhausted.

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*Exclusive publication* must be insured to all contributions offered to the Editors. Rejected manuscripts will be returned if stamps be sent for this purpose.

*Exclusive publication* not required for contributions to Nursing World Department.

Illustrations for articles are particularly solicited. All expense for drawings, plates, etc., will be borne by the publishers.

No responsibility is accepted by the Editors or publishers for the opinions of contributors, nor are they responsible for any other than editorial statements.

Books and monographs will be reviewed promptly.

Short, practical notes upon personal experiences or brief reports of interesting cases with results from remedies, new or old, will be welcomed.

The Editors and printers will greatly appreciate the courtesy of having all manuscript typewritten; or, if this is impossible, clearly written, great attention being given to proper names and medical terms.

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### Mistakes and How to Avoid Them

No one likes to admit a mistake. Consequently, if between two people a mistake occurs, each blames the other. For instance, if a certain issue of **THE TRAINED NURSE** does not reach a subscriber, we are scolded ninety-nine times out of a hundred.

But, we are the exception that proves the rule—we are willing to admit that occasionally we do make mistakes. But thousands of our subscribers will testify that they get **THE TRAINED NURSE** more regularly than any other magazine they take.

Therefore, while admitting that we sometimes do make mistakes, we contend that if a subscriber does not get a certain copy, the chances are, it is her fault.

We have before us as we write a perfectly blank postal card addressed to us, and mailed in Chicago. The chances are that in a week, or a month, as the case may be, we will get an angry letter from some one, saying that she wrote about this or that some time ago, and why are we so rude as not to reply?

This is not a rare instance. It, or something similar, happens three or four times every day. We have a large number of letters from people who have given no address to which we may reply.

If a magazine is received from the postman, it is understood that the person to whom the magazine is addressed is there, or will return shortly, or that the person receiving it will undertake to forward it (for otherwise it is stealing, or at best, obtaining goods under false pretenses.)

If a magazine is received from the postman, the publisher is not responsible if it does not reach the subscriber. Therefore, as soon as you move, you should write to the post-office, giving what was your old address, and what is your new one. The post-office will forward all mail, and send a card notifying the publisher of all magazines as they arrive.

But if a magazine is refused at a certain address, the post office instantly sends a card to the publisher telling him to stop the magazine, as the person addressed is no longer at that address, and has left no other. The publisher stops the magazine. If, say, four months later, the subscriber writes for her copies, and the editions have been sold out, the publisher is not legally responsible, and does not have to supply them. We always do when we have them, for we desire to please our subscribers. But frequently, when editions have been sold out, we cannot do so.



# The Trained Nurse and Hospital Review

Vol. XXXIV

NEW YORK, NOVEMBER, 1904

No. 5

## The Trained Nurse and the Public\*

Jessie E. Catton

Matron Springfield Hospital, Springfield, Mass.

**T**RAINED nurses and the public are so closely united by the ties of friendship and mutual obligation that this seems an opportune moment to consider how best they can discharge the duties they owe each other.

We may safely say that the nurse has discharged her first obligation to the public when she has given two of the best years of her life in acquiring the technical skill and practical knowledge necessary for the intelligent care of the sick. She has gone a long way toward fulfilling another obligation, when at the end of her training days she can take up the work for which she is fitted with a sound body and healthy mind. Inasmuch as the work of a nurse is such a tax on the physical being, it behooves each member of this profession to preserve her health and strength. While in training, the responsibility for this is borne in a measure by the school, but when this is ended it is to be hoped that the regular habits of living formed in the hospital will be so strong upon each individual that it will be continued. If so, the longevity of a nurse's life may be changed from ten years to that of fifteen or even twenty years.

It may be interesting to know that statistics tell us that the average number of years a private nurse can fulfill her duties as such is ten years, that is, if she is busily employed.

Therefore, since the time a woman is able to perform the duties of a nurse is so comparatively short—the wise ones will realize the desirability of providing for the future and act accordingly. There are two ends to be attained—a provision for the wants of the body and a provision for the needs of the mind. It is the duty of every nurse to provide for illness or incapacity. The time comes to each when work is no longer possible. The time may be long or short, the needs many or few, they must be supplied and the choice lies between dependence and independence. Circumstances may have prevented a nurse from making preparation for the future. That is her sad misfortune! That nurses are improvident and extravagant as a class is proverbially true. It may be due to their ignorance of business principles. It may be that they see so much of luxurious living in the homes in which they are employed that they are tempted to indulge in certain luxuries.

The other provision that nurses frequently fail to make is resources for spending time when not actively engaged in professional work.

Some time ago a successful, enthusiastic private nurse was asked how she spent her time when in her room waiting to be called to a case. She said: "I try to live regularly,

\* Address to graduating class.

for I wish to be well, and then I try to sew and attend to my clothes that I may not forget how." This impressed her hearer very forcibly, who thought she was building better than she knew, and as time goes on and opportunities for observation increase, that impression has been formulated into a belief, which is this: Nurses must provide resources for spending time when unable to work. The more useful to ourselves and others these resources are, the happier will be our lot. One eminent in the training of nurses advises that they have "fads," have more than one that you may not be bereft if one fails. Let it be what it may, if it furnishes legitimate pleasure and interest, it is useful. To some of us the passion for collecting something is a compelling force.

As the majority of nurses are located in cities, a very pleasant and convenient fad is the observation of architecture. The history of the city is constantly before one in stone and mortar, and a very little study of technical terms will prove a key that will open a world of interest.

When one's fortune takes her to the country, the whole world of nature offers enticement to her who sees. Henry Van Dyke and John Burroughs and a host of others have placed the results of their keen and cultivated observation at our disposal. Ernest Seton Thompson will give one the breath of the wind across the foothills and Miss Thompson will take us into the heart of the mountains.

The study of flowers and ferns, of birds and butterflies adds marvelously to our pleasure on a country holiday.

Every memory of work done, of scenes beheld, every pleasant vacation, every refining influence, will some day be a reminiscence which will be equivalent to so much capital in the amount of resources. All these pleasures mentioned take one out-of-doors more or less. Is not that one of our needs? Are not many of us inclined to stay in the house until we think that the world has four walls and a roof?

It will also be the duty as well as the privilege of the trained nurse to use her influence when once out in the world, for the protection of the public against the spread of infectious disease. This may be accomplished largely by the practice of those precepts taught in the training school which relate to scientific methods of disinfection, sterilization and isolation. When a nurse fails in this respect it is because her conscience has not been fully aroused to the necessity. The last and most important duty is quick response in time of need.

The nursing profession is still so young in this country that few demands have been made upon it by the public at large. When the Spanish-American War was in progress, nurses were required, and right bravely did they respond, not only to the demands in a foreign land, but to the care of those remaining in the camps on our own soil. Little that is new can be said of those nurses; they were found in every camp and hospital and so well did they fulfill the trust reposed in them that they came to be recognized as a necessary adjunct of a well equipped army. This we call responding to the need of the public, but this, you say, had several incentives which might not be present at other crises, love of country, national pride, waving of flags and beating of drums. It is true these incentives did exist, for those who went away but not for those who cared for soldiers at home, neither do they exist for the nurse who responds to calls caused by dread epidemic, which mean little to her, save a sense of duty done, and long days and nights of hard work. One who thus gives her services is unquestionably fulfilling her duty to the public.

The requisite qualities for a trained nurse are aptly summed up in a verse given as a recipe:

#### THE IDEAL NURSE

##### A RECIPE

If you would make an ideal nurse,  
Just follow these directions terse:

Take all the virtues, one by one,  
That can be found beneath the sun;  
Rude health will surely be required,  
And strength and patience never tired;  
Truthfulness almost to excess,  
With tact that borders on finesse;  
The man's control of heart and nerve,  
The woman's eagerness to serve;  
A spirit capable of sway,  
Yet trained in meekness to obey;  
An aim sublime, a tender heart,  
The skill to act a varying part;  
An observation wide and clear,  
A watchful eye, a listening ear;  
A hand as soft as velveteen  
Though often washed in one nineteen.

Take these and mix them, if you please,  
In right combining quantities;  
Add as a flavoring, generously,  
Strong essence sweet of sympathy;  
And like a sauce to bind the whole  
Use true unselfishness of soul.  
Warm well—the mixture's spoil if cold;  
Serve in a neat and tasteful mold.

MAY JUST.

And now, O generous minded public, what is your obligation to the young woman who enters a training school in your community, where there is demanded of her through three years of her life, the most strenuous, thorough and conscientious performance of every duty assigned to her and the strictest attention to every detail of her work?

The authorities of these training schools reserve the right to dismiss her from the school at any time should she fall short of their standard. Does the school through the community, owe her nothing in return?

Verily, it does. It owes her equivalent for value received. It owes each nurse a separate room. Every woman needs to spend some part of each day by herself, to be entirely alone and unobserved, to cultivate ease and repose of manner and habits of introspection, to be able for some part of each day to concentrate her thoughts on any matter without danger of interruption. It owes her pleasant and home-like surroundings.

The editor of a prominent medical journal says: It is becoming more and more obvious that the efficiency of a hospital of any sort depends in a great measure upon the services of the nursing staff. It would be possible, this editor thinks, to get on, for a time at least, without physicians, but to be deprived of nurses would mean the abolition of the modern hospital. The external recognition of this fact lies in the ample provision now being made for the comfort and health of the nursing staff when off duty.

To the nurses who are soon to take and keep the honorable positions of trained nurses, every one of whom has rendered a splendid service to this hospital, I can say nothing to you at this time other than this:

Even though you have all the skill you need to qualify you as a trained nurse, you will not then be a good nurse unless you are a good woman, tender, self-controlled, honest, kind-hearted, remembering that "no life can be pure in its purpose and strong in its strife and all life not be purer and better thereby."



# Enemata

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IT MAY be allowable to preface this article with a brief statement about the word itself. Enema is a Greek word, meaning "something thrown in." Like eczema, it is often incorrectly accented on the second syllable instead of the first, as it should be, and one not very rarely sees a confusion of singular and plural. We may either use the English plural *enemas* or the original Greek plural *enemata* accented on the second syllable, the e's being short, not long. The Greek plural is usually employed and an ignorant person, misled by the appearance of the word, may make the mistake of supposing that the plural is *enemae*, or of taking the plural, *enemata*, for a singular. Ordinarily, enema is synonymous with injection and clyster, but injection is a very general term, referring to a liquid thrown into any cavity, or even the subcutaneous tissue; enema is less general, but refers to any liquid thrown into the lower bowel; while clyster applies only to a rectal injection used to cleanse or move the bowels. Thus, while it is correct to speak of a rectal injection, it would be a tautology to say rectal enema, and it would be a contradiction of terms to speak of a nutritive clyster.

At least nine-tenths of all enemata are employed simply to move the bowels. Sometimes, we wish, not so much to secure a passage, as to cleanse the lower bowel. Thus, in an irritative diarrhoea, a saline solution or a solution of soda, borax, etc., may be used to remove a source of irritation and thus actually to combat the diarrhoea. It is obvious that, often, these two objects are combined. Again, the enema may be intended as a means of medication, either of the lower bowel itself, or of the body as a

whole. Even when the enema is intended especially to make the bowels move, we may depend not only upon the mechanic effect on peristalsis, but upon cathartic drugs, thus introduced. For instance, a salt solution of about half per cent. strength, or say a teaspoonful of common salt to a quart of water, is almost absolutely free from any chemic effect upon the tissues and acts solely by distending the bowel and causing a muscular reflex. If we use soap or glycerin, we not only cleanse and stimulate the bowel to contract upon its contents, but we actually introduce a cathartic, though a very mild one. But, in cases of obstinate constipation, we often inject turpentine, magnesium sulphate and other irritants, to cause catharsis. Such an injection is termed a Noble enema, with allusion to its originator.

Previously to operations on the lower bowel, antiseptic irrigations are frequently used, such as the Thiersch solution, of salicylic acid, or weak dilutions of hydrogen peroxid, or combinations of 1-4 per cent. of soda, borax, boric acid, etc., with or without volatile oils. Various proprietary fragrant antiseptics may be thus employed. Highly poisonous antiseptics, such as bichlorid, carbolic acid, etc., should be used with the utmost caution, and as all medicinal enemata should be given only under the direction of the physician, I purposely refrain from giving any formulæ. Sometimes, in order to get an astringent effect, the various vegetable and mineral astringents are introduced. Silver nitrate, zinc sulphate, copper sulphate, etc., are usually given in a strength of about 1-1000 and, as the amount is usually about a quart, this means that a gram powder (15 grains) is dissolved in a liter or about a quart of distilled water. The

solution should of course, be made in a glass or porcelain receptacle to avoid chemic combination with metal, and only glass and rubber should be used in making the injection.

Injections of olive or other sweet vegetable oils are frequently given, both to move the bowels and to lubricate and soothe. For the latter condition, purpetrol, a pure mineral oil (impure mineral oils should not be used), is much better and may have salol dissolved in it and bismuth or cerium mixed with it, so as to make an internal ointment. When there is much tenesmus, such a mixture or purpetrol alone, may relieve the suffering and straining very promptly. The amount employed varies from a teaspoonful, injected from a small hard rubber or glass piston syringe, when the source of irritation is at or very near the anus, to a quart, when the rectum generally is involved.

The rectum is used for general medication in rather exceptional instances, when, for some reason, administration by the mouth or hypodermatically is not advisable. In such cases, one has to be careful that the substance is absorbable from the bowel and is not harmful to the bowel, and the dose must be 50 or 100 per cent. larger than the dose by mouth, to allow for failure of absorption. Such injections are, of course, only used on special order of the attending physician.

Injections may be employed to reduce the temperature, or to cause stimulation by heat, either of the body as a whole or of the kidneys in particular for a large, hot injection comes very close to the kidneys and may make them act when they have refused to secrete urine for days, and when other means will be utterly useless. Hot water may be very rapidly absorbed from the bowel and thus fill the blood vessels and act as a cardiac stimulant. I have several times revived patients who appeared to be dying or dead by such injections. Contrary to what might seem true, such injections really act more quickly through the bowel than

when the liquid is introduced through the skin, into the subcutaneous areolar tissue, not to mention the freedom from danger of causing an abscess and the delay in preparing for a subcutaneous injection. Water injected into the rectum is, in part, absorbed through the portal system so that it passes through the liver and not only washes away impurities by way of the blood and bile, but stimulates hepatic function generally. So far as the liver is concerned, it is just as well, or a little better in theory, to introduce the hot water by the stomach, but patients will seldom drink as much as may be introduced into the bowel, and the use of the stomach tube is much more uncomfortable, difficult and sometimes even dangerous. When water is used as a cooling injection, it should not be so cold as to cause chilling, but usually should be not less than 70 degrees. When used to stimulate, it should usually be very hot. Dr. Fenton Benedict Turck, of Chicago, has shown by actual experiment that a temperature a few degrees below 131 Fahrenheit dilates instead of contracting the adominal vessels, and thus adds to the shock. On the other hand, 131 is dangerously near the limit of tolerance and the temperature should be determined by an accurate thermometer, allowed to remain in the water long enough to register the maximum. Water injections are also used in certain cases simply to furnish water that is needed and for some reason cannot be drunk. In all these cases, pure water should not be used, as it is irritant to tissues, but it should be brought to the physiologic standard of the blood and body juices by the addition of half a per cent. of salt. Unless especial accuracy is required, this can be approximated by adding a teaspoonful of salt to a quart of water, as already stated.

Enemata are used to nourish the body when food cannot be given in other ways and on account of the numerous details, this subject will be considered by itself.

A rather rare use of enemata is to expand the bowel, either on account of a diminution of calibre or in cases of intussusception. Such enemata are never to be persisted in if they encounter any resistance, nor should surgical operation be too long delayed.

Gas enemata have an occasional use. In this category may be included injections of acid and alkaline carbonate to produce distension with carbon dioxide gas. Owing to the difficulty of regulating pressure, gas enemata are even more dangerous in treating intussusception, etc., than liquid injections. About twenty years ago, Bergeron's treatment of tuberculosis by injections of sulphuretted hydrogen was somewhat in vogue. About fifteen years ago, Dr. Nicholas Senn devised a test for intestinal perforation, consisting in the introduction of hydrogen gas which could be lighted as it escaped from a wound. If no perforation existed, no flame would appear at the external wound. This test has been comparatively little used.

#### APPARATUS.

The apparatus used in injecting into the bowel may be a piston syringe—the oldest device—the simple compressible bulb, with or without tubes and valves, the fountain syringe which uses gravity to conduct the liquid from a can with a spout, an inverted bottle or a soft rubber bag, the siphon, and I recollect seeing in a notion store in Rotterdam a funny little stationary cylinder connected with a rubber outlet and having a broad piston worked by a lateral screw. It is interesting to pause to reflect how much the practice of medicine, nursing and chemistry has been simplified and extended by the invention of rubber. Before rubber tubing was available, the piston syringe was necessarily much in vogue, and very large metallic syringes were frequently seen. In Power's Art Gallery, in Rochester, N.Y., there was formerly an old oil painting representing Lilliputians administering an injection to a cat, by means of such an instrument mounted on tripods.

On account of the liability of piston syringes to get out of order, the difficulty of cleaning them and the impossibility of regulating the pressure so as to produce an even discharge of contents, they are seldom used except to introduce very small amounts of liquid intended to medicate the lower bowel locally.

The simple compressible bulb would naturally be supposed to be an early invention, but it has never been commonly used until within the last fifteen years and then, mainly for vaginal injections. If provided with a suitable tip, it can very well be used for certain rectal injections, as the increase of force to meet resistance is possible and as the injection can be made more quickly than with a fountain syringe. The bulb is also quite readily cleansed and there is nothing to get out of order until the bulb itself cracks, when it is simply repaired with a new one. It is a wasted effort to try to mend a cracked bulb.

The compressible bulb with inlet and outlet tubes and a ball or plunger valve at the inlet was formerly much in use. You are fortunate in living in an age when this form of syringe has largely disappeared. It is liable to cracking of the rubber, the valve usually leaks or sticks, the liquid has to be sucked up from a basin or cup, it is impossible to use up the entire quantity measured out, unless one injects air too, and the pressure is irregular. When such a syringe is new and the patient himself or herself is strong enough to sit over the basin and manipulate the syringe, it answers well enough. The various objections limit its usefulness principally to laxative enemata and vaginal injections, and the irregular flow and liability of injecting air render it objectionable for the latter purpose.

One of my friends has made the statement that no woman can master the principle of the siphon. This is a libel upon your sex, but the fact remains that siphonage is difficult to manage, especially when there is an objection to using suction to start the flow.

Thus, for most cases, some form of fountain syringe is to be preferred. The fountain syringe composed entirely of rubber, excepting the clip to shut off the water, can be easily cleansed or even sterilized by boiling. If the tube is allowed to fill first, no air is introduced and the flow is steady so as not to cause more than the minimum of reflex peristalsis. Dr. H. S. Townsend, of Buffalo, has recently invented an improved shut-off for fountain syringes. This can be manipulated easily with one hand. There are some little practical points about the use of the fountain syringe, which every one should know. Most important of all is the precaution to have the solution thoroughly mixed and of the right temperature before it is placed in the bag or can. One of my acquaintances gave a vaginal injection of carbolic acid some years ago, with disastrous results. He poured the proper quantity of acid into the bag and added the proper quantity of water and shook the bag to mix them. Unfortunately, but naturally, the acid sank into the long tube and the first part of the injection consisted of pure carbolic acid with only a small addition of water. If the ingredients of an injection are not fully dissolved, they are likely to clog the tube and it is also difficult to regulate the temperature after the solution is in the bag, although, of course, it will gradually reach the temperature of the air. When a solution has been sterilized by boiling, it may be rapidly cooled by setting the dish in which it has been boiled into a large basin containing cold water or snow. By remembering this little point you will save much medical profanity.

In selecting a fountain syringe, it is of little use to buy one that contains less than two quarts, or one which is intended to be used as a hot water bag by screwing on caps. Bargain day syringes usually have short and small tubes and the money paid for them is wasted. In putting away a syringe, it should be empty and clean and as nearly dry

as practicable, and the rubber should be coiled smoothly and the shut-off left open, so as to avoid permanent constrictions of the tube which will delay subsequent injections and soon lead to cracking. If rubber becomes brittle, it may be restored by soaking in a hot weak solution of ammonia.

#### TECHNIC.

An important preliminary to the use of an enema, is the quantity. The rectum holds about 500 C.C., the sigmoid and descending colon, 1,700 C.C.; the transverse colon, 750 C.C.; the ascending colon, 700 C.C.; and the cæcum, 375 C.C.; total, 4,025 C.C., or about nine pints. For the individual quantities, you may count 500 C.C. to the pint. According as it is the intention to treat or distend more or less of the large intestine, greater or less quantities must be used. Excepting injections of purperol, astringents, antiseptics or local anæsthetics, intended for some special purpose, when a small piston syringe is usually employed, we find that injections of less than a pint, or 500 C.C., are of little value, unless given rather forcibly, simply to excite peristalsis. On the other hand, 2,500 C.C., or five pints is the maximum usually tolerable by the bowel, for we must remember that the volume theoretically contained by the intestine far exceeds the capacity of the abdomen as a whole, and that the intestine, also, normally contains a good deal of gas.

You have doubtless heard much about high injections and may have got the idea that the whole large intestine can be filled or, at least, reached by liquids introduced through the anus. I do not question but that, with a patient nearly inverted and by gradually introducing a large tube, which will not bend too easily, and by spending much time, we may really give a high injection that will reach the whole of the large intestine. Cases are also recorded in which suppositories, pieces of candle, or colored liquids, introduced by the anus, have actually been

vomited, and the same results have been achieved experimentally in the lower animals. But, as ordinarily administered, enemata are not nearly so high reaching, and I doubt if they can be safely given so as to reach the cæcum, unless the circumstances are exceptional. The rectum is guarded by valves which oppose the introduction of any instrument more than a few inches and the sigmoid is very extensive, very variable and, often very sharply curved. Beyond this, we have the two nearly right-angled curves of the colon and the transverse colon usually sags a little, so that these loops are acute, rather than obtuse. The entire length of the large intestine is about five feet, and I do not believe that any tube can be devised which shall be flexible enough to make the necessary turns and firm enough to follow the bowel without buckling and turning on itself. Of course, it is mechanically possible to fill any tube of considerable calibre from one end, but it is both difficult and dangerous to force a liquid into the bowel much higher than the end of the inserted tube. So-called high injections are often given by attaching catheters or stomach tubes to the tube of the fountain syringe. Apparently, such tubes may be introduced a foot or more without difficulty, but I have taken pains to make digital examinations when such tubes have been introduced, and I am convinced that they almost invariably turn in the bowel so as to discharge their contents downward. Thus, more satisfactory results are usually achieved with the ordinary hard rubber rectal tip and, if a rectal tube is intended to enter a foot or so, we must either use a stiff tube or one about the size of a broom stick, which cannot possibly turn in the bowel. As to introducing tubes two, three or four feet into the bowel, I have had no experience, and I am rather sceptic as to whether such a feat is possible without protracted effort and serious danger to the patient.

The posture of the patient is a matter of

some importance. For ordinary constipation, when all that is necessary is to soften a moderate fæcal impaction and stimulate peristalsis, the patient may sit on the closet or vessel and may administer the injection himself. Except in hospital practice, unless you go in for companion work, which is not real nursing, your patients will usually be too sick to permit of any such off-hand measures. Usually, the patient will lie on a bed pan or absorbent pad. If there is a special need of a high injection, to be retained, as in attempts at stimulating the kidneys, the hips should be elevated on a firm pillow or roll, and it may help to elevate the foot of the bed. It is supposed to favor penetration of the injection toward the cæcum, to place the patient on the right side, but, from observing the varying contour of the bowel at necropsies, I am inclined to believe that the value of this posture has been exaggerated and that an alternation of postures, the patient lying on the abdomen, back and each side in succession is more efficient. If the patient can hold himself or can be held in the knee-chest posture, oscillating from side to side, probably the best degree of penetration of liquid can be obtained.

The amount of force employed in making injections is of importance. Occasionally, when one simply wants to excite peristalsis, a forcible, jerky injection, with admixture of air, acts admirably. As a rule, an even, gentle flow is desired, and this can only be obtained with the fountain syringe. The bag should be held—by a nail above a door frame, if convenient—at a height of from four to six feet above the anus, but as the object is to secure a gradual flow, it is a still a better rule to vary the height so as to maintain a slow yet easily recognizable sinking of the level of fluid in the bag.

The use of enemata well illustrates the importance of nursing as distinguished from medical practice. A good nurse can often secure success in the administration of



enemata when the patient's family and the doctor cannot. This success depends upon little things—keeping the bed and clothing dry by rubber sheets, and care not to slop water from the syringe; warming and lubricating with vaseline, the syringe tip; steadiness and gentleness in introducing the tip; having the tube empty of air and filled with

liquid freshly drawn from the bag so as to be of the same temperature; avoidance of sudden spurts of liquid in loosening the catch of the tube; holding the buttocks together after the withdrawal of the tip, which should not be jerked out suddenly; consideration of the patient's modesty and aesthetic sense; and, finally, moral suasion.

## Information for the Obstetrical Nurse—Possible Dangers and complications of the Puerperium

SIXTH PAPER

S. Virginia Lewis, M.S.N.

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**B**Y PREMATURE labor, is meant expulsion of the foetus between the twenty-eighth week and a short time before the completion of the ninth month; in other words, any time after completion of seven lunar months, and before full term. Such expulsion occurring from the twelfth to the twenty-eighth week is spoken of as miscarriage. Before the end of the twelfth week, expulsion of the ovum—the embryo—is termed abortion. The product of conception is not called a foetus until after the fourth month of gestation. Previous to that period, it is called an embryo.

As a premature delivery at any stage is liable to prove a far more serious affair than one at full term, the doctor should be sent for without delay. In threatened miscarriage, let the nurse, while awaiting the arrival of the physician, place her patient in bed, with her head low, and hips elevated by putting a pillow under them. Keep her as quiet as possible, admit abundance of fresh air, and do not allow her to be warmly covered. Should she show signs of faintness, elevate the foot of the bed by placing beneath it one or two chairs. Fan her and allow cautious inhalations of ammonia; rub the arms and legs with alcohol, to assist the circulation. Should the patient

be able to swallow, administer small doses of whisky, or the aromatic spirits of ammonia, added to cold water; or give tea, or black coffee, not too warm. Should there be profuse hemorrhage, the nurse may resort to vaginal injections of hot water, 110° or 112°, until the doctor arrives, or the flow ceases.

Among the symptoms of post-partum hemorrhage are a rapid pulse; pallor of the face; disorders of sight or hearing; air-hunger; convulsions, and syncope. Not all of these indications might present themselves in every single case. The outlook is considered graver the earlier the hemorrhage takes place. When the pulse goes above 100, the patient requires watching. Should syncope follow, it is not necessarily fatal immediately. Should convulsions appear, they should not be mistaken for an attack of eclampsia.

The treatment of post-partum hemorrhage calls for a vigorous rubbing of the uterus, for the purpose of exciting contractions. Remove the binder, to facilitate the work of rubbing. If possible to find an assistant, have this person take away the pillows from beneath the patient's head, and to elevate the foot of the bed with chairs. It may be that the physician has left the fluid extract of ergot in case of this exigency. If so, direct

your assistant to mix a teaspoonful of this with a tablespoonful of water, and administer it. The great hunger for air means that ample ventilation must be secured; inhalations of ammonia are to be kept up, and the same with fanning. Your patient will need cold water to drink. Direct some one to put water on the stove to boil. All this time the nurse must hold and rub the uterus, and as she should not remove her hand until the doctor arrives, she can likely find one or two persons whom she can direct to carry out her orders regarding these other details.

Should the doctor's coming be delayed, let her resort to hot douching. See that the temperature of the water shall be  $115^{\circ}$ , or even hotter, if it can be borne.

Generally speaking, it is questionable as to whether a nurse should resort to carrying anything into the uterus for the purpose of checking the bleeding; yet it would appear that such measures would be perfectly justifiable should the patient be in great danger, and the doctor at too great a distance to be summoned sufficiently early—an extremity which might easily occur in country practice.

In such a contingency, procure a perfectly aseptic handkerchief, or other muslin, and saturate it with vinegar. Carry this into the uterus and squeeze it. At the same time, with the other hand upon the abdomen, keep up the pressure and friction. It may be necessary to make a second or third application with the handkerchief and vinegar, if bleeding does not cease. It is obvious that all aseptic precautions must be rigidly observed.

One physician will allow a nurse more latitude of treatment than may another physician; then, again, he might allow a certain nurse more latitude than he would another nurse. Certainly a nurse of intelligence is more to be relied upon than one who exercises poor judgment. It is always so very satisfactory to have an understanding with the physician, particularly in remote country

places, that it is easy enough to say, "Doctor, in the event of such and such an emergency, how far will you authorize me to use my judgment, while awaiting your arrival?"

Personally, I have never omitted to obtain the wishes of the attending practitioner, upon any doubtful question, or when I felt apprehensive of my patient's condition in a peculiar instance.

In the event of hemorrhage from varicose veins, secure compression just below the rupture, and send for the doctor.

It has been previously remarked that the largest proportion of deaths during confinement was to be laid at the door of puerperal infection, the exciting cause of which is germs introduced, as a rule, into the genital tract. As the disease is universally recognized as being contagious, it is apparent that the nurse must not go to another patient, after just having left a case of this kind. Neither should she go to a confinement case (nor any other case, for that matter) shortly after leaving a patient suffering from a zymotic disease—notably, diphtheria or erysipelas. She will first require a rigorous disinfection of her person and clothing.

A slight rise of temperature is not at all uncommon about the second, third or fourth day, with the advent of the true milk secretion. It is merely incidental to the disturbed condition of the system at this time, and need cause no alarm, therefore. But, should the temperature be much above the normal, with weak and frequent pulse, such signs point to puerperal infection, so that the doctor should be notified immediately. These untoward symptoms may set in even before the third day. Of course the treatment is purely aseptic and antiseptic. Fever diet, as nutritious and generous as circumstances will permit, must be instituted. Everything must be done to preserve the patient's strength, that she may be enabled to throw off the poison which has found entrance to her tissues, and is vitiating her blood. Such a condition calls

for free stimulation; and cooling baths, ice-bag, or a water-coil, to combat the dangerously high temperature. A narcotic may be prescribed for pain.

The worst form of puerperal infection—acutest septicemia—is something that is being relegated rapidly to past history alone. The victim experiences a severe and prolonged chill soon after delivery. The pulse is weak and frequent, with correspondingly rapid respiration. In some cases the temperature remains elevated; while in others it may be normal and subnormal. The face assumes a pale or purplish hue, and is pinched looking; the tongue is brown and dry; there may be drowsiness, delirium or coma. There may be involuntary dejections, dark colored and offensive, frequent and copious. For a patient in this condition there is indeed very little hope, death occurring in perhaps a day or two. Yet the flickering spark of life may be fanned by attention to surgical cleanliness in the strictest sense; stimulation; suitable diet; and the cold baths, etc., as referred to above.

In such deplorable cases as these is the inestimable worth of preventive measures appreciated, and neglect of them realized as nothing short of criminal. And so it may be that the nurse who reads this article may never see a case of any form of puerperal infection, excepting as she may be called in to undo the mischief of some unskilled or neglectful caretaker. This was the experience of the writer in a certain instance where a young woman had been waited upon by an old lady, with old-time prejudices. She totally ignored the doctor's injunctions upon the questions of asepsis and antisepsis, as being simply subjects for ridicule. At any rate, he was entirely too young, in her opinion, to know much about such cases. By the eighth day, the poor baby was ready for the cemetery, and the mother, with a temperature of  $104.2^{\circ}$ , and all the other dire accompaniments of infection, was also pro-

gressing thitherward. Then the old lady was dismissed, and another installed in her place; but, as the chart still persisted in showing too great space between the risings of temperature and their alternate remissions, it was soon discovered that the second old lady shared the prejudices of her predecessor. On the thirteenth day, the writer found the patient in very low spirits—low in other regards, too. Her face was drawn to one side with paralysis; her bed was most uncomfortably made up, with a uselessly thick pad beneath her. She was grateful for the removal of that, along with several soiled cloths which were found secreted about the bed. Something which betokened renewed interest in life began to dawn in her expression, until a bath was proposed, which met with feeble protestations on the score of taking cold. However, no such dreadful consequence ensued, and the poor woman found herself growing so much more comfortable all the time, that she soon developed strong faith in the trained nurse, a faith that was shared equally by all the members of her family. By the twenty-seventh day her temperature had reached normal, to stay there; while some days before, her right breast, which had all along persisted in secreting, then decided to dry up altogether. Later on the paralysis disappeared, and the patient came to enjoy such good health, that all concerned agreed to taboo "nurses" of the Mrs. Prig school forever after.

This case afforded decided contrast to another, whose temperature reached its highest point immediately after delivery, and again during the afternoon of the second day, in each instance recording only  $99.6^{\circ}$ . This was the patient's third confinement, and the child, a fair-sized boy, was relatively as robust as his mother.

And, indeed, this is just about as it should be; for, where all conditions are normal to begin with, there should be no appreciable departure from this woman's record.

# Special Nursing in Intubation and Tracheotomy

Wm. Dunton Schrack, M.D.

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**T**HE indications for intubation and tracheotomy are as follows: Diphtheria, laryngeal type, marked dyspnoea, dependent on growths in the larynx or trachea, growths external to these organs causing pressure upon them; edema of the mucous membrane of larynx or trachea from inflammation due to burns or scalds or inhalation of irritating gases, or swallowing of corrosive liquids.

The operation may also be required for the removal of foreign bodies from the larynx, trachea or bronchi, such as small whistles, hickory nuts or any small plaything which may become lodged in one of the above mentioned organs, as well as for the relief of the dyspnoea due to their presence.

The use of the croup tent is often employed while waiting for the arrival of instruments for intubation or tracheotomy.

After a great many experiments, Joseph O'Dwyer, of New York city, devised a set of tubes for insertion into the larynx by which the normal respiratory channel may be kept sufficiently open to allow respiration until the membrane becomes exfoliated and the obstruction to respiration removed.

These tubes are called intubation tubes. There are seven hard rubber or gold-plated metal tubes, varying in length and diameter according to the size of the larynx into which they are to be inserted. A scale accompanies these tubes upon which the ages of children are placed. They correspond to the number on the scale. Each tube is fitted with a metal obturator; the lower end of which projects slightly below the lower end of the tube, so as to facilitate introduction into the larynx. The upper end of the obturator is hollowed out and threaded so as to be screwed upon the intubator.

In performing the operation, the child,

wrapped in a blanket, sits upon the lap of an assistant. The arms are secured by holding the elbows so as not to interfere with the respiratory movements. The patient's head is secured by a second assistant who should hold the head backward as far as possible. The mouth gag is next inserted on the left side and the blades dilated. The operator, sitting in a chair facing the patient, introduces the index finger of the left hand, passes over the tongue until he feels the epiglottis.

Before introducing the tube a strand of silk three feet long is attached to the upper end of the tube. It is introduced over the tongue until it touches the epiglottis, which is raised by the index finger of the left hand, and the tube passed into the larynx. The finger is transferred to the tube. The obturator is then detached and withdrawn. After the tube is properly placed one or two coughs will be given. The respiration which was before croupy becomes quiet. The cyanosis clears up. The child who has become exhausted by its efforts to breathe, falls asleep.

The feeding of the child is important. While wearing a tube the administration of liquid food sometime causes such violent coughing as to expel the tube. The child is best fed by passing a catheter through the nose, nasopharynx and esophagus into the stomach. The fluid is then introduced through the catheter. Care should be taken that the catheter is passed into the stomach, and not into the intubation tube in the larynx.

Sometimes the child is fed by teaspoonful doses. The child's head is held much lower than the body. If this produces coughing and allows the fluid to enter the larynx, rectal alimentation will have to be resorted to. The tube is left in from two to seven

**days.** Sometimes it is necessary to re-introduce it.

If intubation does not give relief to dyspnoea in laryngeal diphtheria, tracheotomy must be resorted to to prevent asphyxia and to save the patient's life. In the operation of tracheotomy the position of the patient is very important. A firm pad should be placed under the shoulders. The head being held well back by an assistant, to give free exposure of the neck and bring the trachea as near the surface as possible. The operator stands at the head of the patient, making an incision through the skin in the median line of the neck, two inches in length. The cricoid cartilage being the middle point. Next displace the anterior jugular vein and divide the fascia upon a director. When the deep fascia is exposed if there are any large veins in the line of incision they should be displaced or ligated before they are divided.

Beneath the deep fascia an intermuscular space is exposed between the sterno-hyoid and the sterno-thyroid muscles which is separated with the director or handle of the knife. The isthmus of the thyroid gland will then be exposed. This should be displaced either upward or downward, and the

trachae will be seen covered by the trachae fascia. This fascia should be removed and the trachae properly exposed. A tenaculum is introduced a little to one side of the median line. An incision is now made in the median line one-half to three-fourths of an inch in length. As soon as the incision is made there is a gush of air, mixed with blood, and membrane. This should be carefully wiped away, and the tracheotomy tube introduced and secured in position by tapes tied around the neck. The tube is usually allowed to remain in the trachae from five to ten days. After the removal of the tube the wound heals very rapidly by granulation and contraction. It is very important to keep the inner tube clean. This may be done by removing at short intervals and washing, and then replacing. It may be kept clear by passing a moistened feather into the trachae and withdrawing it; which clears any mucus or membrane that may have collected in the tube.

The nurse should be in constant attendance, as the patient should not be left alone while the tube is in the trachae. The temperature of the room should be about 80° F. The atmosphere kept moist by steam from a kettle.

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## The Way To Rest

To understand how to rest is of more importance than to know how to work. The latter can be learned easily; the former it takes years to learn, and some people never learn the art of resting. It is simply a change of scenes and activities. Loafing may not be resting. Sleeping is not always resting.

Sitting down for days with nothing to do is not restful. A change is needed to bring into play a different set of faculties and to turn the life into a new channel. The man who works hard finds his best rest in playing hard. The man burdened with care finds relief in something that is active, yet free from responsibility.—*American Analyst*.

# The Post-Operative Treatment of Patients Operated Upon Abdominally

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Of Philadelphia.

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*Catherization.*—Perhaps one of the most distressing complications following former abdominal operations was the development of post-operative inflammation of the bladder, or cystitis. This was due almost entirely, first, to too frequent employment of, and second, to the unskilful use of the catheter. Fortunately, the surgeon of to-day has recognized this and the teaching as to the use of the catheter has become more intelligent, and, therefore, our patients suffer less. However, as a rule, after the expiration of six or eight hours following an operation, the patient should be encouraged to empty the bladder. Sometimes this can be accomplished by placing a hot water bag over the area of the bladder, or allowing a few drops of warm boric acid solution to fall upon the external urinary meatus. If, however, after the expiration of ten or twelve hours, the patient has not been able to void urine, then catheterization is indicated and justifiable. In your work you will find that a glass catheter will be more frequently employed and give you the best service. In the selection of such an instrument you should be extremely careful to see that it is perfectly smooth and free from cutting edges. Glass catheters are sterilized by boiling and then kept for use in a solution of carbolic acid (5 per cent.) or bichlorid of mercury (1-1,000). Immediately before using they should be placed in sterile water. Catherization or the introduction of the catheter should always be performed under the guidance of the eye and not by touch, as was formerly taught. The labia should be separated with the thumb and index finger of the left hand. The vestibule with the external meatus should then be carefully cleansed by sponging with a weak

solution of bichloride, or simple warm boric acid solution. The catheter should then be introduced, first by pushing down the floor of the urethra with the external end elevated. After it has traversed one-half the extent of the urethra, pressure should be continued upon its floor, but the external end should now be depressed and the instrument will glide into the bladder.

*Hypodermic Medication.*—An agent that should be found in the armamentarium of every well equipped nurse is the hypodermic syringe and needle in a condition always ready for use. I wish to emphasize the statement, "ready for use," for in many instances the syringe or the needle will be out of order and, therefore, may fail you in time of crucial need. You should also be provided with tablets, ordinarily used hypodermically, such as strychnine, digitalin, ergotin, nitro-glycerin and morphine. Now, while the hypodermic will often prove a good friend when properly used, it can also produce extensive trouble when improperly employed. I can recall several cases of abscess, and one case of dangerous cellulitis resulting from the unskilful use of the hypodermic needle. The sources of infection from the employment of a hypodermic syringe may be from the syringe or needle itself, from the hands of the nurse, from the skin of the patient or from material injected. Therefore, you see the indications for sterilization in the use of this instrument are four: namely, the syringe, the hands, the skin of the patient, and the drugs injected.

*Pain.*—Pain, as in any traumatism in other portions of the body, is invariably present following abdominal section and

early complained of. However, the patient should be encouraged to bear the pain without resorting to the administration of an anodyne, and you can do much to relieve her suffering by encouraging her, rubbing her extremities and back with the hand, or bathing with alcohol and changing her position from time to time. Sometimes the suffering becomes so intense that medical agents must be resorted to. The best of these will be choral, 20 grains combined with bromide of soda, drachm 1, and 2 ounces of warm water given by the rectum and repeated in three or four hours. Morphine should be the last agent thought of. If the pain is inordinately severe it may be a choice between two evils, morphine or a restless and exhausted patient. In such cases a hypodermic of morphine one-twelfth or one-sixth of a grain may be given. The pain, as a rule, however, is relieved after securing thorough action of the bowels. This depletes the blood vessels and thus relieves the congested tissues.

*Hiccough.*—Hiccough after abdominal operations is sometimes extremely annoying, and, indeed, sometimes becomes dangerous and even fatal. In the majority of instances it is readily relieved by the simple application of an ice bag to the nape of the neck. Inhalations of musk and the administration of one drachm doses of Hoffman's anodyne will, as a rule, control the annoying symptom. Rhythmical contraction upon the tongue also will aid in overcoming persistent hiccough.

*Vomiting.*—The most repugnant part of the operation, particularly to patients who have been previously operated upon, is the post-operative nausea and vomiting.

More or less nausea and vomiting is usually anticipated following abdominal section, though the symptom is not nearly so frequent or so severe as in former times. The best treatment for the condition, I am sure you will all agree with me, is preventive.

Prior to operation much can be done to prevent the development of nausea and vomiting by having the patient properly prepared. The alimentary canal should be thoroughly cleansed before the operation, and kept clean. The patient should not be allowed anything excepting a little tea or warm water the night previous to the operation, or nothing but a small quantity of warm water the morning of the operation. The patient's organs of excretion should also be properly cared for prior to operation. She should have warm baths daily in order to stimulate the functional activity of the skin. The kidneys, too, should be placed in the best working order. Then, too, much depends upon the selection of the anesthetic and the anesthetist, and also upon the length of time the operator's hands remain within the abdominal cavity, and thus expose the viscera to air and undue manipulation. You can allay the post-operative vomiting to a considerable degree by allowing the patient to inhale vinegar just as soon as the anesthetic is withdrawn. The causes of vomiting may simply be due to the anesthetic; it may be due to inactivity of the bowels; it may be due to paralysis of the bowel; it may be due to intestinal obstruction, or to sepsis. It is important, therefore, that you should be able to differentiate to a certain degree these different forms of post-operative vomiting. Their differentiation is, as a rule, comparatively easy. Ether vomiting usually subsides spontaneously after the first twenty-four hours, though cases are, of course, sometimes seen in which it persists for two or three days, or even longer. Ether vomiting can, however, be relieved by drugs. Vomiting due to indolency of the bowels is readily overcome by their stimulation and freeing the cavity of its contents. Vomiting due to intestinal obstruction has an abrupt onset. It is not relieved by the administration of drugs. The vomited material will be first the contents of the stomach, and

later materials will be regurgitated from the intestinal canal. There is absolute constipation and great abdominal distress, and in a short time, forty-eight or seventy-two hours, signs of peritoneal inflammation will be manifest. Vomiting due to sepsis begins first on the second or third day after the operation, and it is associated with all the signs of infection. No relief is afforded by the administration of medicine. The treatment of vomiting, therefore, you see, depends upon the exciting cause. However, the first indication is to stop everything by the mouth for a short time. If then, vomiting continues, fluids should not be withheld from the patient. It would be better now to give the patient something for the stomach to contract upon, and therefore, to a certain degree, at least, overcome the exhausting retching. During the early stages of the vomiting when liquids are withdrawn, the intolerable thirst can be partially relieved by rectal injections of warm water. Counter irritation over the stomach, in the form of a mustard plaster or a turpentine stupe will often prove of a decided value. Rectal injections of chloral and bromides, 30 grains of the former and 1 or 2 drachms of the latter, will also assist in quieting the excited stomach. A large array of drugs are recommended, but, in fact, none of them serves us to the extent desired. Cerium oxalate, grains 1, combined with cocaine hydrochlorate, grain one-twelfth, given every hour, are perhaps the best agents in the list. Carbolic acid in one drop doses is also good. Tincture of nux vomica in two drop doses hourly will sometimes succeed where other agents have failed. Should, despite the execution of these measures, the condition continue, a large quantity—a pint or a quart of hot water should be given. This gives the stomach material to contract upon, and, therefore, when expelled, cleanses the interior of the organ and gets rid of the irritating anesthetic, for it has been demonstrated that

some of our anesthetics are excreted by the gastric mucous membrane. This is particularly true of ether. It remains in the stomach mixed with the mucus, and is, therefore, a constant source of irritation. Measures should also be taken at the same time to empty the intestinal canal. One of the best agents to overcome post-operative vomiting is irrigation of the stomach, and should vomiting continue after careful efforts have been instituted and failed, the best thing would be to resort to the stomach pump. Indeed, in many cases where vomiting is threatened, the best plan would be to immediately thoroughly wash out the stomach. If materials are being regurgitated from the intestine and signs of a reversal of peristalsis are present, then the administration of a small dose of morphine, one-eighth of a grain hypodermically, will be of decided value.

*Shock.*—Shock usually comes on suddenly, as a rule, shortly after the operation, though in some instances it may not occur for many hours, or, indeed, some days. The latter is known as delayed shock and is very rare indeed. Shock is due to paralysis or inhibition of function of the vasomotor nerves or the nerves which govern the calibre of the blood vessels, and it is found that the large venous channels in the abdominal cavity dilate and act as reservoirs for the collection of blood, thus withdrawing it from the brain and vital centres. The condition, as I have stated above, usually comes on abruptly. The patient becomes cold and clammy and listless. The pulse is small, thready and rapid, or it may be imperceptible. The temperature is subnormal. The eyes become staring and glassy, the pupils become dilated and react weakly to light. The patient after a time cannot be aroused. The temperature falls below normal. The best treatment for shock, of course, would be preventive, and here again I emphasize the importance of thorough preparation of the patient, the choice of the anesthetic and



the manner in which it is given, and also the importance of the operator not lingering with the operation. The patient should be placed in a thoroughly warmed bed. She should be covered with warm blankets and external heat in the form of hot water bottles should be applied. The heat should not be too excessive, however, as it will cause a dilation of the superficial capillaries and thus a loss of the liquid portion of the blood. The foot of the bed should be elevated three or four feet. The extremities and the abdomen should be bandaged in order to maintain the general blood pressure. Bandages should be composed of some elastic material. Stimulating remedies should be resorted to, though the danger of over stimulation must be constantly borne in mind, for you can well perceive that little can be accomplished by the injection of powerful cardiac stimulants when there is nothing for an already exhausted heart to work upon. Furthermore, we must remember that the condition is due to an exhaustion of the great nerve centres and, therefore, stimulation only increases the exhaustion and does not give the centres time to recover. Moreover, the power of the body to absorb in this condition is almost totally abolished, and hence, drugs injected simply lie inactive and when reaction does occur, these may be absorbed simultaneously and thus overwhelm the patient. However, strychnine, grain 1-30, at three-hour intervals or oftener should be given. Digitalin is also good and should be given, to do any good, in not less than 1-10 or even 1-5 grain doses. Rectal injections of whiskey in hot black coffee and salt solution high up are of extreme value. Six or ten grains of quinine added to the injection increases its efficacy. Intravenous transfusion should be employed in all cases of profound shock, but this will scarcely come under the head of your duties, though you, to be well equipped, should all provide yourselves with an outfit proper to perform intravenous injection. You could,

however, and would, too, be justified in giving hypodermocleisis of salt solution, giving a quart of normal salt solution at a temperature of 110 or 115 F. in the tissues about the breast or about the angle of the scapula. One of the best drugs to employ would be the hypodermic injection of adrenalin chloride, giving 15 minims every three or four hours. Ergone in the same amounts is also useful.

*Tympanites*, or the accumulation of gas in the intestines occurs, as a rule, to a varying degree in nearly all cases following abdominal section. In some it may not be sufficiently marked to produce noticeable or annoying symptoms, while in others it may be one of the most distressing symptoms to combat. The condition may be simply due to inactivity of the intestinal canal. It may result from the too early administration of food. Of the foodstuffs administered, milk seems to be the most powerful provocative of the condition. Early administration of cold drinks is also a source of tympanites. Ice water and cracked ice are the worst agents to administer to relieve thirst immediately after operation. Undoubtedly many cases of tympanites result from too long exposure of the intestines to the atmosphere and manipulation, thus chilling and congesting them and causing, as it were, a temporary paralysis. Tympanites is always one of the most distressing symptoms of sepsis, and in all cases of slow adhesive intestinal obstruction, it is present. You see, therefore, the causes of tympanites are several, and the treatment, then, will depend somewhat upon the exciting cause. You will, of course, thus note in the causes enumerated, that much can be done in the line of prevention, not alone by the operator being rapid and thus avoiding undue exposure and manipulation, but by you, first in the thorough preparation of the patient, and second, by being exceedingly discreet in the convalescing room, particularly in the administration of drinks and

nourishment. Simple cases of tympanites are, as a rule, readily overcome by securing early action of the bowels, though in some instances the symptom persists despite daily evacuation. However, active purgation is the first indication in all cases. Very little can be accomplished by the use of carminative agents. Assafoetida in 3 or 5 grain doses, combined with 10 minims of turpentine at intervals of four or five hours, sometimes affords relief. Eserine given in 1-40 grain doses hypodermically, is perhaps one of the best drugs at our command. Counter-irritation in the form of turpentine stupes or mustard plasters over the epigastrium often affords relief. High rectal injections of warm water containing 1 drachm of turpentine and 1 ounce of the emulsion of assafoetida, is very efficacious indeed. One of the best carminative enemas is, perhaps, one ounce of powdered alum dissolved in a quart of warm water. Half an ounce of Hofmann's anodyne or compound spirits of ether will sometimes afford relief after all other reme-

dies fail. An enema containing 6 grains of quinine and an ounce of whiskey, is also recommended. The high introduction of the rectal tube will often be productive of much benefit. In cases where the accumulation is high up, as indicated by marked distention over the epigastrium, the introduction of the stomach tube will give prompt relief. Of course, you can understand that in cases of tympanites due to intestinal obstruction, the only indication is to open the abdomen and remove the cause of the obstructive lesion. When due to sepsis, the condition is extremely obstinate and difficult to successfully antagonize. The treatment outlined above would be suitable in septic tympanites. If diagnosed early the proper procedure would be to open the abdomen. Of course, that would be the duty of the surgeon alone. In all cases of obstinate tympanites the patient should be moved from side to side, and in many instances this simple measure of intervention will be successful after all other means have failed.

*(To be continued.)*

### **Mercy Hospital**

At Waverly, Iowa, August 28, Mercy Hospital was formerly dedicated and given over to the Sisters of Mercy of St. Joseph Catholic Hospital, of Dubuque. It is, however, to be non-sectarian. The city and State is indebted for this hospital to Abraham Slimmer, who gave his beautiful home and grounds and \$50,000 in money to establish it, \$7,000 being

given by the citizens for a needed addition. It is now a complete and imposing structure, built of brick on a high eminence, surrounded by fine lawns and beautiful trees, has its own heating and lighting plant and a neat chapel in connection. In all ways it is an up-to-date hospital, and the pride of Waverly's citizens.

## Nursing Typhoid Fever in "Little Italy"—Philadelphia

A. E. Potts

OWING to Philadelphia's notoriously bad water supply there has been a great deal of typhoid fever in the city this year. The visiting nurses have had their share of the cases. Mrs. B. lives in a small three-room house in the rear of one of the side streets of Philadelphia—a bright little Italian woman who, without being really pretty, has a smiling, sweet face. In the beginning of this spring the little home had father, mother and five children, four girls and a boy, as happy as the light-hearted Italians well know how to be. Mr. B. was a fruit vendor.

In the bright early days of May, when the inhabitants of "Little Italy," old and young, men, women and children, swarm out on the streets and sidewalks, the children ready to dance for every street organ, little Antoinette, aged three, was taken ill with typhoid fever—she is not a typical brown-eyed native of Italy, but has sunny blue eyes, fair hair, and before her illness, a merry, rosy little face. The case was reported to the visiting nurses and Miss S., who is very fond of the Italians, was sent. Antoinette soon became a devoted friend; she did not have the fever severely, and in a few weeks was running about again; during the many weeks and months that Miss S. was going there, the little girl, as soon as she was well enough, went every day to the corner of the street with her, a loving but diminutive escort. Before Antoinette was well, the other children began to sicken: Joe, the eldest, aged thirteen; Laura, about five years, such a pretty child, with large gray eyes, a mass of golden curls and rosy cheeks, then Lizzie, one year older, and finally Marie, who is eleven.

Each case seemed more severe than the last. Marie made a desperate fight against it, the nurse would find her looking heavy and listless, take her temperature and find it over

100°, but at the mention of bed Marie fled down the street to hide, returning only when the nurse had gone. After a day or two she, also, was obliged to give up and go to bed.

The mother and Miss S. had their hands full—a small hospital of their own. Never were there more devoted nurses, the little Italian woman faithfully carrying out all instructions. Sponging the children every three hours, giving milk and medicine and doing large washes as well. There were always clean sheets, towels and nightgowns. When one remembers the difficulty there often is to get sufficient clean bed linen in families whose resources are much greater, one's appreciation is beyond expression. The fight against the deadly fever, whose relentless grip held that little family in its clutches, went on week after week, doctor, nurse and brave mother working with unabated energy. May gave way to warm June days and one by one the little girls grew better and able to be up—little ghosts of what they had been. Now came the worst blow of all. The father came down with fever and at once became very ill, the mother was worn out, and the only thing possible was to send the man to the hospital, where he lived but a few days. (Owing to the great number of typhoid cases this year, it has been sometimes very difficult to get all those patients into hospitals who would have been better off there.) Joe and Marie were still in bed, both apparently improving, when Joe's heart began to fail. For more than four weeks the child's strength had held out. Now he began to show signs of exhaustion, the pulse becoming feeble and irregular and one day towards the latter part of June he died quite suddenly. Poor mother! Through all these weeks of nursing and watching she had been patient and hopeful, doing all she possibly could. Now, her

grief was uncontrollable, and for a while she gave way to the violent and unrestrained feelings characteristic of this emotional race. Who can wonder! Joe's death meant so much; though young, he was at work, earning four dollars a week, and this poor woman, deprived of the wage earners, is left with four little girls, between eleven and three, to do the best she can. It was only for a short time and then Mrs. B.'s strength of character asserted itself, and she took up the task of caring for those left dependent on her.

rule. When they came back, the children were so much improved they looked like different beings. Mrs. B.'s gratitude was touching. She wrote to Miss S.—or, rather, her brother wrote for her (for Mrs. B.'s English is limited) trying to express her thanks. In this case the mother needed the rest and change as much as the children. She used to be so afraid she would be ill herself that when she felt hot and feverish, she would sponge herself all over with cold water. "Then I feel better," she told the



MRS. B. AND HER FOUR LITTLE GIRLS

Those who have lived long enough know that sorrow is more easily borne when the daily household tasks must be done. It was towards the end of July before Marie was able to stand a journey. All this time the visiting nurses were looking after the family, then application was made to the "Children's Country Week Association" for them. The officers of the "Country Week Association" kindly made special arrangements and sent the children away with their mother for two weeks instead of one, which is the general

nurse. The end of August the whole family went to the "Children's Seashore House" for ten days. Marie is still not strong. During the weeks they were in the country the city disinfected and cleansed out the water closets, which were in bad condition, put in flush closets and underground drainage, so we hope when they come back from Atlantic City they will all be well and strong this winter. There is a brother of Mrs. B.'s who is very good in helping them, and she earns a living by making button-holes!



AN IMPROMPTU BATH, "LITTLE ITALY"



THE FRUIT VENDERS, NINTH AND CHRISTIAN STREETS, PHILADELPHIA, PA.

There was great excitement in the little street when Miss S. went to take some photographs the other day. Many of the neighbors wished to be taken and one old lady sat down on the steps with such dignity, sweeping the children aside, quite determined no one else should be included in her photograph—it was very amusing.

No one who works amongst the Italians can help growing fond of them, in spite of their many faults, they are such a warm-hearted, impulsive race. Their old-fashioned courtesy seems to belong to another century. Often, when the nurse is ready to go, the old grandfather will carry her bag to the door and

with a pretty mingling of gratitude and respect, kiss her hand. Sometimes some cherished relic from the old country is given her, as the thing most valuable to them. One winter's evening a note had been left by the doctor at a patient's house, asking the nurse to see another child ill with pneumonia before she went home. The father of the little patient, with whom the note was left, said in his broken English, "That no good house; I go with you," and he did, staying there, whilst the nurse bathed and poulticed the baby and gave the mother directions for its care and then went back with her to the main street.

## Work at the Army Reserve Hospital of Hiroshima\*

Anita Newcomb McGee, M.D.

**A**FTER due deliberation, it was decided that our party would be of greatest service at the Army Reserve Hospital, of Hiroshima. This is a city of 122,000 inhabitants, at the mouth of a river emptying into an island-studded bay of the Inland Sea of Japan. The upper part of the bay is a natural harbor surrounded by hills, and on account of this and of its nearness to the Shimoneski Strait, through which vessels leave Japan for Manchuria, it was made the seat of Government and headquarters of the army during the war with China in 1894-5. At the present time the emperor remains in Tokyo, but the port of Hiroshima, called Ujina, is the place from which almost all the transports sail. It is also the point to which virtually all the sick and wounded soldiers are brought by hospital ships. On the opposite side of the Inland Sea is Matsuyama, where the Russian prisoners are detained.

The hospital includes several sections, called "divisions," located in different parts

of the city for convenience of site and as a precaution against fire. The "main division" is the permanent hospital of the garrison in peace times, while the other divisions consist of numbers of temporary wooden wards, each of about 66-bed capacity, much like the wards of our Josiah Simpson Hospital, built near Fort Monroe in 1898.

The main division has six wards of different sizes and plans and many detached buildings for administration, operations (with surgical dressings and bath), bacteriological and chemical laboratory, nurses' dressing rooms, kitchen, convalescents' recreation rooms, storerooms, etc. It is here that our party is stationed, one nurse in the operating room and two in each of the three largest wards. One nurse is on each of the hospital ships belonging to the Red Cross Society, running between Manchuria and Hiroshima.

It is the policy of the Japanese to follow the latest developments of military surgery,

\* Report of Dr. McGee. Contributed to THE TRAINED NURSE by the Associate Society of the Red Cross, No. 1. of Philadelphia, Pa.

according to which the aseptic first aid dressing is applied to a wound as soon as a soldier falls, either by some one belonging to the medical department or by the men themselves. These are examined and, if necessary, reapplied at the dressing station, after which the wound is not touched or the dressing changed, unless conditions require it, until the patient reaches the base hospital, which in the present war is the one at Hiroshima. Only in rare cases does a wound require immediate operation, and experience has shown the extreme danger of operating under field conditions when suppuration is so apt to occur. The Japanese are removing their dead and wounded from the battlefield with utmost despatch, the stretcher-bearers beginning their work as soon as men begin to fall so that they are under fire as much as the soldiers themselves. At the battle of Kinchou there were 4,207 casualties, including 703 killed, 111 wounded officers, and 3,354 wounded privates, and yet the stretcher-bearers finished their work within twelve hours after the close of the battle.

All wounded are transferred to a hospital ship as promptly as possible, and the work of the male nurses and attendants who are in Manchuria comprises the transportation and feeding of patients and, when possible, taking off the men's clothes and substituting the stout cotton kimono which are worn in place of our night shirts or pajamas. Of course a broken limb is put in a splint, but the rule against touching a wound is so strict that only in critical cases is it done.

While on the hospital ships the patients are made as comfortable as possible, but the same rule of abstention from interference obtains.

The consequence of this policy is tersely put by Chief Surgeon Fugita, who said: "Surgically speaking, Hiroshima is the front. It lacks only the smoke and noise of battle." When the surgical work is done

and the patient is convalescent, he is sent from here to the military hospital nearest his home, and so the beds here are always full of the most critical and interesting cases.

I think the above statement will make it clear why there are no women nurses in Manchuria, since the amount of physical labor is very great, while the amount of trained nursing is almost nothing. On each of the hospital ships there are twenty-two male and the same number of women nurses, but the "cream of the work" for the nurse (so to speak) is at the main division of the Hiroshima hospital, where most of us are. Sick and lightly wounded men are sent to the other divisions, but the severe surgical cases come here. This division easily accommodates 250 men, but after the battle of Kinchou there were fully 300 patients here.

Captain Tanaka is the commanding officer of the main division and performs all the operations, assisted by the ward doctors. I must say a word here of the admirable work done by this surgeon, which is praised by all who have been admitted to his operating room. Deaths and amputations are both quite unusual. The commanding officer of the whole Hiroshima hospital is Lieut.-Colonel Onishi, whose office is in the main division, Administration Building, and who has lately arrived to take the place of Colonel Watanabe, promoted now to be chief surgeon of this whole district, including the sanitary affairs of the passing troops as well as the hospitals. Our former chief surgeon, Dr. Fugita, is now on the way to the field, and so kind has he been to all our party that we felt as if we were bidding good-bye to an old friend when he left. There are several surgeon-generals in the Japanese army, and he is one of them.

Besides the officers above named, we daily see one of the most famous surgeons of this country, Dr. S. Sato, who is a veteran of four Japanese wars, and worked also in the Franco-Prussian war. In order that there

should be no possible doubt about the wounded receiving the best treatment, the Emperor called this distinguished officer of the Reserves from his private hospital in Tokyo and sent him here to supervise the work.

Our relations with all these gentlemen are most friendly and cordial, and I want to express here my admiration for their ability and for the thoughtful, kindly attentions which are shown the patients by all the doctors, regardless of rank. If there is anything cold-blooded or perfunctory about their work we have not seen it, as they seem, one and all, to feel a genuine sympathy for, and interest in those who are under their care. Doctors Sato and Tanaka speak German, and the latter also understands English.

The nursing in this division is all done by women who were trained under the Japanese Red Cross Society, and who have been called from their homes to serve in the war. They have the quiet gentleness which is a well-known characteristic of Japanese women, but their training as nurses seems to be on a different basis from that established in our country, and their experience is much less than that of our army nurses. For example, most of the nurses in this hospital are from cities or towns where they had one year of lectures and one in a hospital, but since their graduation (which may have been many years ago) they have had no experience in nursing. The detachment of nurses to which we belong is from the Tokyo Red Cross Hospital, and had longer training, but it is not customary for Red Cross nurses to continue their work after leaving the hospital, so some of these are married or living with their parents, or have left industrial or other schools where they were taking up other studies. I shall not go into detail on this subject now because there is much to be said and I am studying the whole matter carefully with the intention of making to the Japanese Red Cross Society a full report with recommendations for the improvement of the work,

as they have asked me to do. It is characteristic of the people of this country to be anxious to learn and improve themselves, and one of their objects in asking me to bring American nurses to Japan was that they might benefit by observing our methods of work on the one hand and by our suggestions on the other.

To accomplish the first object, two or three of our nurses and six to nine of the Japanese nurses are placed in each of the three wards of different sizes. The division of work in the wards had adjusted itself easily and no difficulty of serious nature has arisen on account of the difference of language, or for any other reason. All of our nurses have learned the most necessary words and phrases and seldom have to call for help from the nurses who speak English. An account of the details of hospital administration, as seen in the wards, will be very interesting to those who know something of our own American methods, but, as I have said, will gain by being written at a later date. Of one thing, however, I can speak without hesitation now, and that is that though I hope the Japanese nurses may find it useful to see our nurses work, yet they have certainly nothing to learn in matters pertaining to their conduct, or to their kind, unselfish and generous dispositions. Envy and jealousy of foreigners coming here as we did, would not have surprised us, but never have we seen such feelings more conspicuous by their absence. Our welcome from the whole Japanese nation has been a revelation of fine character and beautiful thoughts, but nowhere have we seen these characteristics to better advantage than in these sweet nurses. Almost every evening a number of the nurses come to our house for an English lesson, the teachers being Misses Gladwin, Kratz, Nieb, Russell, Mackereth and Cooke. I have an idea that our ignorance of Japanese has its advantages, for as it is we can not learn military secrets from patients, even if we wanted to.



Miss Kemmer has shown great ability in acquiring the language and uses it to advantage in the operating and dressing pavilion, where she assists daily. All dressings, except in cases where it would be dangerous to move the patient, are done in this pavilion, and our nurses are invited to accompany their patients there whenever their work permits.

I recently asked permission for the party to take turns in working on hospital ships and this was kindly granted by the Minister of War, who added that I might also go on the ships as often as I wished. We are much gratified at the authority for this new service, as it was recommended by the officers and Red Cross officials who knew the work the nurses are doing here. Miss Russell is now on the "*Hakuai Maru*," destined, I believe, for some point on the Liau Tung Peninsula, and when she returns, Miss Kratz will take her turn. The *Kosai Maru*, which is the sister ship, and also belongs to the Red Cross Society, will take Miss Gladwin and Miss Cooke on its next trip. Our nurses share the duties of the other nurses and eat the Japanese food provided with them.

Each of these ships is intended to carry 225 patients, but sometimes it is necessary to take many more. On the first seven voyages of the *Kosai Maru* 1,503 were carried, of whom 3 died on the trip; 647 of the total were wounded in battle, 96 wounded by accidents, and the rest were sick. Both ships have a gross tonnage of 2,635, maximum speed of 15½ knots, carry a crew of 82 men and a Red Cross personnel of 57. Each is provided with operating room, x-ray room, steam disinfecting plant and dispensary. These ships were of course fitted out under military supervision and their work is strictly under military orders, just the same as the three other hospital ships belonging to the army, viz.: the *Yokohama Maru*, *Rosetta Maru*, and the *Rohira Maru*, which ships also carry doctors and nurses furnished by the Red Cross Society.

I would ask attention to the following official communication:

DEPARTMENT OF WAR,

TOKYO, May 1, 1904.

His Excellency COUNT MATSUKATA,

*President of the Red Cross Society of Japan:*

MONSIEUR LE COMTE—In accepting the offer of Dr. McGee, a lady of the United States of America, and her party, to serve in the Army Sanitary Service under the direction and supervision of your Society, the following instructions are given for your guidance in connection with the treatment of the party.

I have the honor to be,

(Signed) M. TERAUCHI,

Minister of War.

1. The station where Dr. McGee and her party are to serve at, in the Army Sanitary Service, shall be determined by the Red Cross Society, with due consideration to the mutual conveniences, and approved by the Minister of War.

2. The extent and method of the services to be rendered by the party shall be identical with those of the Society's women nurses; and therefore the outlines of the Regulations for Relief Service and other necessary rules shall be made known to the party in order that the same shall be observed by each member of the party.

3. While serving in the Army Sanitary Service they are to conform to the Disciplinary Regulations of the Imperial Army; and when serving in the Army Hospital, they are to follow the directions of the superintendent of such hospital.

4. All communications they may wish to make with the military authorities in the matters in connection with their services are to be made through the Society.

5. The status of Dr. McGee shall be equal to the Superintendent of Nurses of the Society, and that of the rest of the members of the party shall be determined according to the convenience of the Society.

6. In case it is deemed necessary in the discharge of their services, interpreters shall be attached to them by the Society in order to avoid the mutual inconveniences.

7. The party shall be admitted to the Army Sanitary Service only after each member of the party shall have agreed to observe the rules hereinabove mentioned.

8. The expenses for food and lodging of Dr. McGee and her party are to be defrayed for the time being, by the Society, which shall be reimbursed by the War Department at a future date.

In the act "Concerning the Japanese Red Cross Society," issued as Imperial Ordinance No. 223, December 2, 1901," it is provided: "When subject to service in time of war, the administrators, physicians, pharmacists and superintendent lady nurses of the Japanese Red Cross Society, shall be placed in the same rank with the officers of the Army and of the Navy," but only one woman has held this rank before I was appointed to it. This was Mrs. Takayama, who was not a nurse, but in private life was principal of a girls' school. She died some time ago.

When a visitor of distinction comes here officially, a certain etiquette, which is interesting enough to describe in detail, is followed. For example, the Emperor sends his personal representative to all military hospitals, and he has visited Hiroshima twice since we came here. He is Chamberlain Colonel Prince Takatsukasa, and when he arrives he is taken at once to the reception room in the administration building, where he drinks a cup of tea with the officers of high rank, including the Commanding General and the Chief Surgeon who come here for the occasion. All officers of the hospital then enter the room, bow and retire. Meantime the wards have been swept and arranged in the best order and the patients all put in their beds, while those who are well enough to do so, sit upright with their hands on their knees. A few nurses stand in the wards,

but most of them are ranged in the ante-room, while the ward doctor awaits the visitor on the walk outside the ward. The attendants stand beside the nurses. When the preliminaries are over, the general and commanding officer of the hospital escort the Prince through each ward in turn, followed by the Chief Surgeon, the Division Chief, myself and the officers serving as adjutants. On the occasion of his first visit, at a convenient spot in each ward, the Prince stopped and made the following remarks:

"I come from His Imperial Majesty, the Emperor, to inquire after the welfare of the wounded and to say that Her Imperial Majesty, the Empress, rejoices greatly that the soldiers have fought so bravely for their country. She hopes that the wounded will quickly recover."

When the rounds had been made, the officers returned to the reception room and there the Prince told me that he would take pleasure in reporting to their Majesties how well and faithfully we were working in the hospital.

Another official visitor was Chamberlain Colonel Tauchi, personal representative of the Crown Prince, who made each patient a present of a small amount of money and spoke to them as follows:

"His Imperial Highness, the Crown Prince, with deep feeling sends his chamberlain here to greet the officers and soldiers who went to the war so bravely for the Emperor, and, even after being wounded, continued so cheerfully courageous. His Imperial Highness hopes for the rapid recovery of the wounded and that they will soon return to their military duties, and asks them to take care of themselves during the approaching hot weather."

In the wards where our nurses are he added the following: "The wounded here must especially endeavor to recover quickly, since they have the great good fortune to be nursed by the ladies who have come from so great a distance."

I may mention here that our arrival in Tokyo when we came to this country, and our movements since then have been promptly reported to the Emperor. Of our presentation to Her Majesty and to many members of the Imperial family, I shall write fully. A recent visitor, Baron Ishiguro, brought us messages from the Imperial Princesses Kan-in-Kuni and Nashimoto, whom we had met a number of times in Tokyo.

Among other distinguished visitors to the hospital have been His Imperial Highness Prince Nashimoto, a captain; Field Marshal Marquis Oyama and General Kodama. All these officers were on their way to the front, but they went through the wards slowly, often stopping to speak to patients and examine the case histories which had been placed on each bed ready for possible inspection. These visitors almost always express appreciation and thanks for our coming to Japan, and now they often ask after our

health and hope that we shall not suffer from the hot weather and change of climate. As a matter of fact, we have had some quite hot days and some exceedingly wet ones, but the members of the party have remained in good health.

When the distinguished officers just mentioned sailed from Ujina the other day, our party went down there to see them off, and I am proud to say that the last thing Marquis Oyama and others did before leaving Japanese soil was to shake hands with us for good-bye. The road to Ujina was lined with school children, not to mention the general public, but for a long distance from the transport wharf the public was excluded and there was entire silence at the departure, though officers, the highest officials, some volunteer lady nurses and ourselves were present. The silent salutes of farewell were more impressive than the greatest demonstration could have been, and we felt that we had seen one of the events of the war.

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### Letter From Bishop Charles B. Galloway

With exceeding courtesy I was given every facility to observe the management of these great hospitals. A Japanese surgeon accompanied me, as did also Doctor Anita McGee, from Washington, D. C. It was a great pleasure to meet Dr. Anita McGee and the noble young Red Cross women who accompanied her to this country at the outbreak of

the war. Their coming has been generously and universally appreciated by the Japanese. They regard it as a signal assurance of America's sympathy. I saw these young women in the wards at work among their patients, and it made my American heart beat with pride.

—*St. Louis Sunday Republic.*

# Elliott City Hospital and Training School for Nurses

Minnie S. Scovell

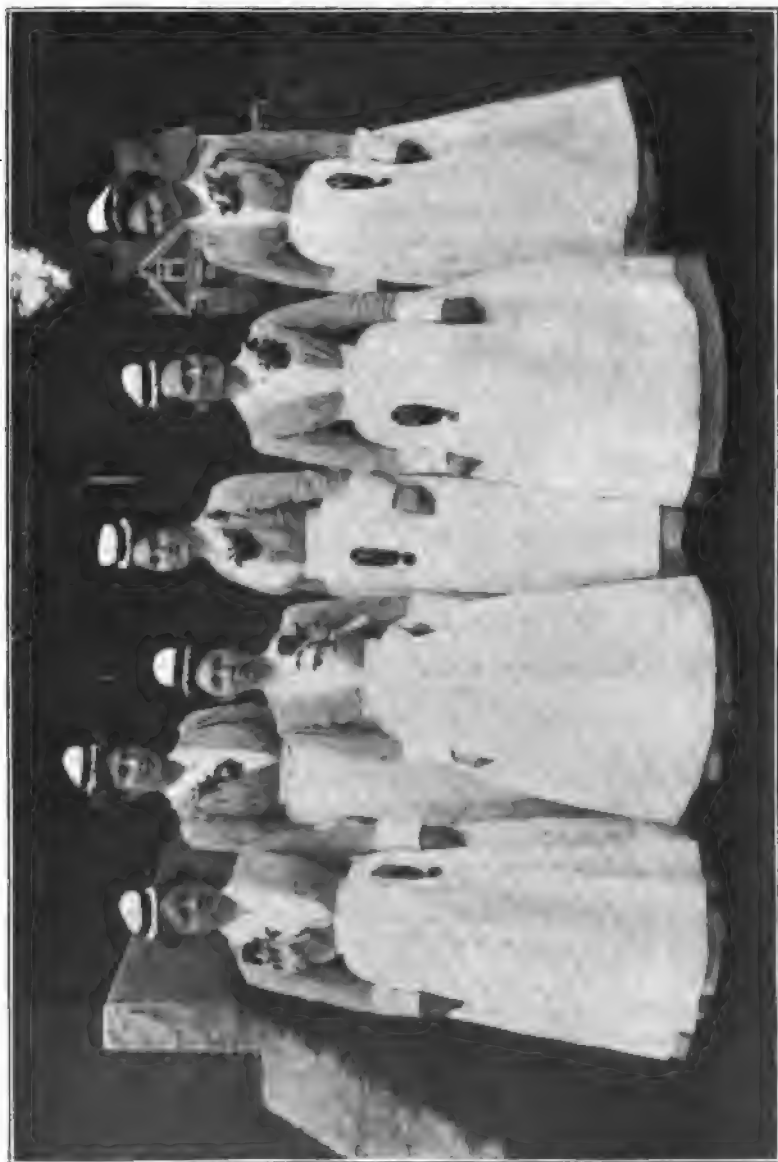
Keene, N. H.

THE Elliott City Hospital is situated in the picturesque valley of the Ashuelot River (facing Monadnock Mountain), a broad level valley, beautified by native forestry, 481 feet above the level of the sea, with pure air, water and an abundance of bright sunshine, with plenty of time and space to enjoy them, in the City of Keene, New Hampshire, a clean, well-kept city, with broad, level streets, shaded by superb elms—gigantic beauties. A model site for a hospital, which has proven itself an integral portion of the nursing world. The deed of gift from Mr. John Henry Elliott was accepted by the city of Keene, April 4, 1892. After the alterations necessary to change the building from a commodious old-fashioned brick family residence to a modern hospital had been completed, it was dedicated and opened for occupancy the following September 20, with a staff of nine progressive physicians and surgeons.

Five months later a training school was established with Miss Thresher, a graduate of Waltham (Mass.) Training School for Nurses, as superintendent of nurses, and a class of five pupil nurses. Miss Thresher is now superintendent of nurses at Rutland (Mass.) State Hospital for Consumptives. Waltham methods of theory and practise of nursing have been in vogue to the present date, giving not only satisfactory training to its pupils, but accomplishing work worthy of thoughtful consideration by our Association of Superintendents of Nurses.

The classes are formed about September 1 of each year and there are no admissions after the opening of the classes. Cooking and dietetics receive the first attention, and classes are held in the diet kitchen for three hours each and every morning from Septem-

ber 1 to October 2 inclusive; by that time the pupils are prepared to give reliable service in that branch throughout the remainder of the course. Theory and practise of nursing also receive primary attention first from the assistant superintendent and later by the superintendent. In October, or the second month of the course, the class begins a three months' theoretical study of obstetrics, anatomy and physiology, principles of surgery, fevers and contagious diseases, and hygiene and food. This course of lectures is followed by a second three months' course of lectures in materia medica, diseases of children, operative surgery, practical bacteriology (practical from the nurse's standpoint only), nervous diseases, urinalysis and massage. Lectures are given by the visiting staff and four other local physicians not yet otherwise officially connected with the hospital; also, theory and practise of nursing, by Miss Ella McCobb, superintendent of nurses and Mrs. S. O. Rittenhouse, assistant superintendent; cooking and dietetics, by Mrs. Mary Boland Paquignot, of Boston, Mass.; massage, by Mrs. Olivia Sandahl Lindstrom, also of Boston. Regular study and attendance at classes is the primary consideration during the junior or preparatory year, it being the object of the faculty to first prepare the pupil for intelligent service before the major portion of her practical training begins. As the hospital contains only twenty-six beds, this must necessarily, to a certain extent, be obtained in private residences under the personal supervision of the physicians and surgeons, they giving individual bedside instruction, which is of inestimable value, the pupil reporting daily to the superintendent of nurses at the hospital for general instruction. The peculiar individual character of the work of



Miss Florence Vickery   Miss Nellie Dunville   Miss Mary Macbeth   Miss Mary Iram  
Miss Margaret J. Reynolds   Miss Sadie Moores  
GRADUATING CLASS ELLIOT CITY HOSPITAL TRAINING SCHOOL KEENE, N. H., JUNE 8, 1904

this particular hospital makes this method of training particularly valuable, the pupils comparing favorably with those of larger schools in their private work after graduation, being successful, not only in Keene, where the citizens take much pride in "their hospital" and "their nurses," but competing creditably in larger cities and in the vicinity of better known and larger hospitals. In the practical work at the hospital, the nurse is required to assume entire responsibility under the supervision of the superintendent of nurses, of private cases, giving direct experience in the duties which she encounters after her graduation. Those who prove unfitted for the services are not permitted to complete the course, which gives us a comparison with the customary methods of graduating all who remain in the school the full term, creditably or otherwise, worthy of consideration, particularly during this period of rapid advancement of the profession as a whole. During the past year several of the nurses were sent to New York city for a three months' experience in a surgical ward in a large metropolitan hospital. It has not been decided as yet whether this experience will or will not become a fixed portion of the course.

#### THE EDWARD JOSLIN HOME FOR NURSES.

The Edward Joslin Home for Nurses, which was erected in 1902, is by far the most beautiful home for nurses that the writer has ever seen. The furnishings were donated by Mrs. Edward C. Thayer and Mr. George A. Wheelock, of Keene, each giving one thousand dollars. The directors also received small donations from others, to be similarly expended, and used a portion to purchase books for the library. There are probably very few, if any, nurses' homes so handsomely furnished as the Edward Joslin Home. The interior finish of the building is white. The floors are of polished birch and maple and all the rooms and hallways are equipped with combination gas and electric fixtures in dull brass. Electric lights are used. The

furniture of the entrance hall is of old oak. The reception room is furnished in dark antique or weathered oak. The parlor has a large terra-cotta fireplace at its westerly end. Its furniture consists of several pieces upholstered in green tapestry, a mahogany centre-table, and other pieces, including a card table and some light rush easy chairs. There are large photographs, engravings, etc., upon the walls of the reception room and parlor, including a beautiful Venetian etching by Moran, presented by the graduate nurses. The lecture room is furnished in oak and has chairs with broad arms for the students to use as desks in taking notes. It has a large fireplace on the north side and a library opening from the rear of the room. The second and third floors are devoted entirely to dormitories for the nurses. A hallway runs from north to south through the centre of each story and the nurses' rooms open from either side. On the second floor is a suite of three rooms for the use of the assistant superintendent. Each of the sleeping rooms is furnished with a single bed and closet for each nurse, only two nurses in each room, except one dormitory for three nurses. There is a large lavatory and bath on each floor. Bedroom furnishings, other than beds, are of old oak. The basement of the house has a main hallway leading to a subway connecting with the hospital. This passage is built of brick and stone and is well lighted and ventilated. There are also in the basement, entirely isolated from the rooms above mentioned and reached only through outside doors, two suites of rooms for use in quarantining nurses who have returned from contagious cases. Each suite consists of a sleeping and a living-room and a bath. The basement story is almost entirely above the grade of the hospital grounds and is dry and light. The home was formally dedicated and occupied at the graduating exercises, Thursday evening, September 3, 1903, an account of which appeared in *THE TRAINED NURSE* at the time. The following

week the building was opened to the public, who appreciated and enjoyed the privilege of visiting it.

Sixty-four nurses have graduated from this school. From this number one is deceased, one a practising physician and nine married. An *alumnæ* was organized in 1902; now numbers forty active members, interested and progressive in their work and the State and International organizations, one of the principal features of their work being their interest in the latest class of graduates, a reception being given by them to each class following

graduation. A member of the faculty is appointed as "Committee on Nursing," vested with powers to superintend all work pertaining to the nursing under the hospital supervision. This unusual feature has proven a success, the "committee" having been a man of wide experience and thorough qualifications, coupled with a hearty good will and interest for the success of the school which, thanks to his unremitting efforts and the hearty co-operation of his subordinates, have ranked this training school among the best in the country.



The Edward Joslin Home for Nurses—The Elliot City Hospital, Keene, N. H.

# The Diet Kitchen

Mary Caldwell

## BEEF TEAS, BROTHS AND SOUPS.

Soup making is an art in which the average cook does not excel; just why this is true it is hard to tell, unless we lay it to the score of laziness, as the art is such a simple one. Soups are divided into three different varieties: stocks or broths, purees and thickened soups. It is absolutely essential in any household to keep stock on hand; to do this the careful housekeeper will see that the cook will regularly set aside the bones of meat, poultry or game—raw or cooked—pieces of gristle and trimmings of raw or cooked meat that cannot be used for other purposes, trimmings that are left after cutting raw vegetables into shape, the liquor in which joints or fowls have been boiled. By doing this the stock will cost nothing and, with care, can be made as good, if not better, than if a quantity of fresh meat had been purchased for the purpose. Care must be taken not to put into the stock-pot pieces of fat, potatoes, cooked or uncooked bits of bread or toast, or any thickened gravies. Stock made without vegetables will keep for several days; stock made with the addition of vegetables will keep only a day or two, so it is best to make only enough for once or twice.

The foundation of puree soups consists of peas, beans, corn, potatoes, lentils, fish, flesh, fowl. The purees made from dried seeds, as peas or beans should be first washed, then put into the soup pot with some stock, and vegetables that have been browned to a golden brown in butter, and thoroughly cooked (about an hour and a half), then rub through a sieve, as there is a tendency for the pulp of the seeds and the stock to separate, a liaison of flour or cornstarch is used to make

the soup an even, smooth consistency. This will be found necessary in all purees.

When purees made of succulent vegetables, such as potatoes, carrots, turnips, onions, artichokes or asparagus stalks, the vegetables are boiled and mashed, and well-flavored stock and cream is added and the liaison to make them smooth. Purees made of delicate green vegetables as lettuce, spinach, sorrel, or young green peas, should be first cooked in butter for fifteen or twenty minutes with such flavorings as onion, parsley, mint, etc. Make the liaison with flour and cream, add it to the stock, put in the cooked vegetables and simmer until tender, stirring often; strain and season with salt and pepper.

The thickened soups differ from the purée in that they depend entirely upon the liaison for their consistency, while the purée has the pulp of the vegetables. In thickened soups the vegetables should be carefully cut in dice and cooked until tender in stock; the liaison should be made with cornstarch and cream, and the vegetables are left in; and care should be taken that they do not lose their shape while cooking.

## BEEF TEA.

Cut from one pound of beef all fat and skin; then cut into small pieces and place in a double boiler; add one cup of cold water and let it stand half an hour, then simmer for two hours; strain and press the meat to obtain all the juice. Season with salt.

## QUICK BEEF TEA.

Chop fine one pound of round or sirloin of beefsteak, add enough cold water to cover; let it slowly come to the boiling point; strain; take off the fat with soft paper and season with salt.



**BEEF STOCK.**

Select a shin or shank of beef containing as much meat as bone. Have the bone sawed into two-inch lengths. Remove the skin from the meat and put the meat and bones to cook in sufficient cold water to cover them an inch in depth. Add a teaspoon of salt to each gallon of water. Bring slowly to the boiling point and let simmer four or five hours, or until the meat falls from the bones; then strain through a colander into an earthen bowl and set away in a cold place. Prepare stock from mutton, veal, or any meat desired, in the same manner.

**COMPOUND STOCK.**

Put into a soup pot a beef bone, a knuckle of veal, the back legs and wings of a fowl, an onion, a carrot and six stalks of celery, and a sprig of parsley and one clove. Cover with cold water, simmer gently four or five hours, strain, set away to get cold; when cold remove the fat, season, reheat and serve hot.

**PUREE OF PEAS.**

Cook together one tablespoon of butter,

two tablespoons of flour; add two cups of peas cooked very tender, in just enough water to cover them, and rub through a sieve; also the water in which the peas were cooked and two cups of veal or chicken broth. Let simmer ten minutes; season with salt and pepper.

**PUREE OF ASPARAGUS.**

Cook together a tablespoon of butter and two tablespoons of flour, add one cup of sweet cream and two cups of tender asparagus, cooked and rubbed through a sieve. Let simmer five minutes, then pour in a cup of the water in which the asparagus cooked; bring to the boiling point; season with salt and pepper; serve.

**PUREE OF SPINACH.**

Cook together one tablespoon of butter and two tablespoons of flour; add one cup of sweet milk and two cups of spinach rubbed through a sieve. Let simmer five minutes, pour in one cup of compound stock or cream, bring to the boiling point; season to taste and serve.

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## **Ether Day**

The fifty-eighth anniversary of the first demonstration (October 16, 1846) of surgical anesthesia, was observed at the Massachusetts General Hospital Monday, October 17. The operating room in the dome of the building, which was the scene of this great discovery, was arranged to reproduce the surroundings just as they were on that eventful day. Dr. J. Collins Warren, Professor of Surgery at the Harvard Medical School, gave the address. It was Dr. Warren's grandfather who performed the first operation under ether.

The address was an historical account of the discovery and the various events leading to same. A trip through the hospital was then taken by means of lantern slides. The nurse and her duties to-day in the management of a modern hospital were well told and illustrated. The nurses at the Massachusetts General Hospital observed the day by wearing a carnation flower on their uniform. This slight recognition of the day will be observed on all future anniversaries.

# Editorially Speaking

## OUR NURSES IN JAPAN

We learn from the report of Dr. McGee, published in this issue, that our nurses who went to Japan, did not prove so-troublesome to the Japanese Government as some published statements would have us believe. According to this report, our nurses shared the same food and accommodations as the Japanese nurses, and were in every way adaptable to their new surroundings.

We have been much surprised by the petty jealousy and malice that has been displayed by some members of the nursing profession towards this little band of nurses. We fear these women who have been so bitter in their criticism, are very much like the little girl at the party, who, when the refreshments were passed and her little friend took the largest piece of cake on the plate, exclaimed: "You pig! You took the biggest piece and *I wanted that myself*."

Allowing, for sake of argument, that it was unnecessary or ill-advised for our nurses to go to Japan, is it after all any of our affair? These nurses offered to go and the Japanese Government had the privilege of declining their services, as it did the services of many others who offered, if it felt so inclined. At the time when nurses were so actively interested in getting the Army Nurse Bill through Congress, and were sending yards of petitions to Washington, which were duly consigned to senatorial waste-baskets, there was one prominent superintendent of nurses who would take no part in the action. Her name was urgently sought for petitions, on account of the very important position she held, and on one occasion, when a request came for her name, she sent back the following reply: "I think I can safely trust the United States Government to manage its own affairs without my interference." We believe this wise

answer equally applicable to the present situation and that we can safely allow the Japanese Government to manage its own army nursing service, without our advice or criticism.



## ASSOCIATION OF HOSPITAL SUPERINTENDENTS

The sixth conference of the Association of Hospital Superintendents of the United States and Canada, held at Atlantic City, N. J., September 21-23, proved to be one of the most successful meetings of this organization. The selection of the place of meeting was a happy one, for the beautiful city by the sea, deserted by its summer crowds of pleasure seekers, was at its best, and ideal weather favored the occasion.

The character of these meetings has improved from year to year, and the papers and discussions presented at this sixth conference, were so practical and pertinent, that the men and women who gathered from all parts of the country to hear them could not fail but carry away with them much that was helpful and inspiring. The air of good comradeship which marked all the sessions was one of the most enjoyable features. We predict that this organization will before long be a strong factor in the hospital world. A full report will be found in another department of this issue.



## STATE REGISTRATION

It will doubtless be a matter of surprise to those interested in State Registration for Nurses to learn that the founders of trained nursing are not in sympathy with this movement. Kaiserwerth, the cradle of trained nursing, will have nothing to do with it, and Florence Nightingale, the patron saint of nurses, has set her seal of disapproval upon it, as has also St. Thomas's Hospital, London,

where Miss Nightingale established the first training school for nurses. In fact, only one of the large hospitals of London, namely, St. Bartholomew's, is giving any support or encouragement to the movement. This is most regrettable, and we are led to ask can it be possible that the opposition is not so much to State Registration as to the methods employed to bring it about.



#### CHARGES BETWEEN NURSES AND PHYSICIANS

Among the many ethical questions which arise to confront the nurse, and which prove especially perplexing to the new graduate, is that of the charges for professional services rendered, between nurses and physicians. We have had this question discussed from time to time in the columns of *THE TRAINED NURSE*, and it will doubtless be of interest to our readers to learn the views on this subject of so able an authority as *The Journal of the American Medical Association*. We quote the following question and answer, which appeared in a recent issue of that publication.

#### CHARGES BETWEEN NURSES AND PHYSICIANS.

R. K., City of Mexico, writes: Is it ethical for a physician to charge a nurse for medical attention? There is a case here in this city which is causing much comment. A nurse was called on a small-pox case and the physician advised her to be vaccinated, and he charged her \$1.50; it did not take, and he vaccinated her the second time, charging her the same price. The girl has since had typhoid fever, and now is paying him with what little money she can earn for his services through the fever. He is a graduate of the University of Michigan.

ANSWER.—In reply to the opening question of our correspondent, it may be freely stated that there is no general obligation resting on medical men to give gratuitous professional attention to

nurses. We are not aware that nurses have ever served physicians or members of their families—except because of personal reasons—for less than they would have asked laymen for like service. Therefore, of course, they can expect no concession in return. In spite of this fact, however, physicians usually are generous, and render to a nurse for professional service a bill much less than would be asked of a layman. In case the nurse is an unusually capable one, with whom the physician has been closely associated in the care of the sick, she commonly is not called on for a fee. That, however, is a matter of personal relation, not of established interchange of courtesy. As has before been observed, the relation between physician and nurse has never been clearly defined. It is to be regretted that this was omitted from our new and admirable "Principles of Ethics," for there are many points of contact between the two callings that need elucidation. For instance, regarding the point at issue, the claim is set up for the nurse that attendance on a physician in illness takes all her working time, cutting off entirely her means of support, and that therefore gratuitous service is too much to ask. This contention seems irrefutable, so that all the nurse could offer would be some concession in the weekly wage, but, so far as we are informed, this is not the custom. As before noted, the physician should be entirely governed by the local circumstances. If he attends a nurse in a long, serious illness, he should be entitled to some compensation. If the service is small, such as a vaccination, and the nurse is well known to the physician, it certainly is customary to make no charge. Regarding vaccination, we believe it to be usual in this country for the physician, in any case, to make no charge for a revaccination when a recent vaccination has failed to "take." From the above observations, our correspondent will gather that such a course toward a nurse as that described by him appears wholly indefensible, but that before final judgment could be pronounced on the ethics of such a particular case, it would be necessary to learn the circumstances influencing the physician to adopt this course toward this nurse.

### Contributions Acknowledged

Contributions to the fund for Miss Hoppe, have been received as follows: Miss M. M. Lodge, Miss Margaret O'Reilly, Miss Laura E. Wilson, Miss Ellen Charles, of Brokaw

Hospital, \$5.00. Miss Fannie Wolfenberger, \$1.00. (See "An Open Letter," page 193, in the September number of *THE TRAINED NURSE*.)

# In the Nursing World

## Nursing Notes From Buffalo

The October meeting of the Buffalo Nurses' Association was well attended, a good many new members being present. The principal business of the day was the report of the committee on revision of the constitution, but few changes were made, the most important one being the changing of the time of the annual meeting from March to June.

The programme committee, Miss Helen Alt, Miss Mary Kennedy and Miss Blanche Anderson, presented the annual calendar.

Mary L. Drake was elected a delegate to the State Federation of Women's Clubs, to be held in Syracuse, in November; Amy Poole and Elizabeth Dorchester alternates.

An invitation was read from Mrs. Henry Wertimer, section chairman of the eighth judicial district of the State Federation, asking the members to attend a meeting of clubs' presidents of that district.

An invitation was also read from Martha Van Rensselaer, of the Cornell University faculty, and president of the Western Federation, asking members to be present at "The President's Round Table, to be held in Buffalo, October 20. Twelve new members were elected and eleven applications received. The association now has a membership of one hundred and fifty members and a spirit of harmony and enthusiasm that is most encouraging.

The members of the social programme and finance committees have labored so faithfully and with so much enthusiasm and such excellent results that we feel an especial mention is merited. The finance committee report an acquisition of one hundred dollars toward our club house.

The programme committee have been especially fortunate in their work, the programme, as one nurse wrote us, "offers many interesting and instructive features." (She also wrote, "present my name at the very first opportunity.")

The Japanese parlor talk that was to have been given by Miss Telford was postponed, on account of the illness of Miss Telford. It will be given later.

On Saturday, October 8, a number of the Buffalo Association went to East Aurora to visit

the Roycroft shops, where "they make books and things."

They were met at the station by a party of the Roycrofters and escorted to the shops, where they spent a most delightful afternoon. No one can visit the place without feeling inspired to do the work which is at their hand in a better manner. In the next number of *THE TRAINED NURSE* we hope to send a fuller account of the visit and a description of the Roycroft shops.

The following interesting programme has been arranged for the year of 1904-1905 by the Nurses' Association, of Buffalo:

September 5.—Report of Delegates to International Council of Women, at Berlin. Louise Greenwood, Emma Rathfuss, Gertrude Greenwood. Foreign Hospitals, Mary Jayne Cole.

September 15.—At 69 North Ashland Avenue. Japanese Parlor Talk, Abbie M. Telford. Hostesses: Miss Telford, Miss Halsey.

October 3.—Forestry, Dr. M. D. Mann.

October 8.—East Aurora. Visit to the Roycroft Shop.

October 31.—At 74 Cottage Street. Hal-lowe'en party. Hostesses: Miss Black, Miss Martin, Miss Drake.

November 7.—Work of the D. A. R. in preserving historical landmarks, Mrs. John Miller Horton. Question box.

November 16.—Nurses' Club Room. Parliamentary Drill.

December 5.—State Federation Day, Mrs. Henry Wertimer, Mrs. Esther C. Davenport, Mrs. Henry Altman, Mrs. Henry C. Fiske. Report of Delegate. Tea at Club House. Hostesses: Miss Greenwood, Miss Gross, Miss De Cen.

December 14.—Nurses' Club Room. Parliamentary Law, Miss M. J. Prescott.

January 9.—Debate: "Resolved, that the mission of the nurse is greater than that of the teacher." Affirmative: Mary A. Kennedy, Dr. Jeannette Oliver Prescott. Negative: Elizabeth Harcourt, Mary Jayne Cole. Judges: Dr. Walter D. Greene, Ada M. Kenyon, Bertrand Nye.

January 18.—Ellicott Club, annual banquet.

February 6.—Tree Day. Reports by members of Tree Club.

February 17.—At 132 St. James Place. Leaf Party. Hostesses: Miss Marsden, Miss Crotty,

Miss Lynch. Awarding of Marsden and Poole prizes.

March 6.—The Nurse as a Business Woman, Harlow C. Curtiss. Question box.

March 17.—At 352 Bryant Street. Over the tea cups. Hostesses: Mrs. Prescott, Miss Leish, Mrs. Martin.

April 3.—Western Federation Day. Federation Work. Martha Van Renssalaer, Mrs. Frank J. Shuler, Mrs. Jessie Peterson. Infection and Disinfection, Dr. Ernest Wende.

April 14.—At 77 West Eagle Street. Card party. Hostesses: Miss Grovenberry, Miss Schofield, Miss Gardener.

May 1.—The Public and the Nurse: Their duties to each other, Dr. Almon H. Cooke.

May 27.—At 70 Park Street. Afternoon Tea. Hostesses: Mrs. Strock, Miss Kent, Miss Hoffman.

June 5.—Election of officers. Annual reports.

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A number of Buffalo nurses have joined the Professional and Business Women's Club.

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Miss Amy Poole has been appointed a member of the trades' school committee of the New York State Federation of women's clubs.

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Miss Sylveen Nye is a member of the membership committee, and of the editing committee of the State Federation, which now comprises over three hundred clubs.

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The slogan for Buffalo nurses henceforth is *Club House*. Until it is built, furnished and paid for, we shall entertain no invitations to contribute to outside institutions.

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At the regular monthly meeting of the associate board of the Buffalo Homœopathic Hospital, plans were made for the annual donation day, which was held on Tuesday, October 25. Members of the board were in attendance all day to receive contributions of money and supplies, and tea was served from three to eight o'clock.

Plans were also made for the annual commencement exercises of the Training School for Nurses, which was held in the chapel of the First Presbyterian Church, on Thursday evening, October 20, at eight o'clock. A reception in honor of the members of the graduating class followed, at the Twentieth Century Club. There are twelve members in the class. They

are: Miss Lucina Hawley, Miss Carolina Campbell, Miss Mary McClive, Miss Frances Eaton, Miss Florence Wood, Miss Marion Jaets, Miss Agnes Mackintosh, Miss Mary Joy, Miss Margaret Christie, Miss Laura Pearson, Miss Lucilla Canby, Miss Ethel Murray.

Arrangements for commencement time are in charge of the training school committee, of which Dr. Joseph T. Cook is chairman.

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The formal opening of the new nurses' home of the Buffalo General Hospital, is announced to take place the evening of the graduation of this year's class of nurses. The appointments of the home will be very fine, and the home itself will compare favorably with any nurses' home in the State.

The new building, erected at a cost of \$31,000, has sixty-five sleeping rooms.

Features of the new building will be a library with a wide selection of both medical and general works, an assembly hall, a gymnasium with several shower baths, and an inviting roof garden.

There will also be a fully equipped kitchen where the nurses may prepare for themselves light refreshments. The dining room is in the hospital building and is a very pleasant one. The building will be heated by steam.

The superintendent of nurses will have a suite of three rooms, and, though the home faces High Street, the main entrance will be on the west side of the west wing of the hospital.

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Riverside Hospital Nurses' Alumnae held its regular meeting on the evening of October 4, at the hospital, with Miss Marion F. Macauley, president, in the chair. A discussion of permanent meeting quarters occupied part of the business session and later a social hour was enjoyed.

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Miss Harriett Greaves, a member of the Nurses' Alumnae Association, has contributed \$50 to the fund for the nurses' home which is to be built on the grounds of the Sisters of Charity Hospital, on Main Street.

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The quarterly meeting of the General Hospital Alumnae was held yesterday afternoon, Miss Emma Keating presiding. An interesting report of the Women's Congress at Berlin was given by Miss Greenwood. The alumnae will send \$25 to Columbia College to assist in carrying on the course in hospital economics. The meeting in January will be an open meeting.

With tears in her eyes, Nurse Walters, of the Erie County Hospital, told Medical Examiner Danser that she had accidentally given Mrs. Anna Cielinski, aged 45, an overdose of morphine, from the effects of which the patient died.

Miss Walters, who has had two years' experience as nurse, and is considered highly efficient, was exonerated by Dr. Danser.

Miss Catherine Amy, a graduate of the Buffalo Hospital of the Sisters of Charity, has taken a position in the Presbyterian Hospital, at Chicago, Ill. Miss Anna Lynch, of the same school, has gone for a time to Skene Sanatorium, Brooklyn, New York.



#### Guild of St. Barnabas

A great congregation filled the Church of the Advent, October 3, at Boston, Mass., at the annual council of the Guild of St. Barnabas. The exercises were in charge of the Rev. Ellis Bishop, president of the Boston council, and the services were conducted by Bishop Courtlandt Whitehead, of Pittsburg, and the Rev. W. H. van Allen, rector of the church. Bishop Lawrence spoke briefly. The sermon was delivered by Bishop Charles H. Brent, who has just returned from the Philippines.

The bishop alluded to the fact that in nature the protective forces exceed in strength the forces that make for destruction. "But," said the speaker, "most men think the forces that make for destruction are greater than those which make for life, and they surrender themselves to a kind of fatalism. We should see that life is more than death, that health is nearer than disease. With some men, danger is perhaps a necessary spice to life. We must reflect upon the fact that the dominant force is life, and not death, and God has so adjusted natural forces that we are enabled to live our life and fulfil our vocation.

"It is the function of the nurse to open the eyes of the sick to the life-giving forces about them. He who fights against the discoveries of science is fighting against God. It is the mission of the nurse and the physician to combine the two."

Referring then to the great things that nurses can do, he told how much they could help their patients by being cheerful and declared that even under the most discouraging circumstances the nurse can be cheerful who draws her inspiration from her trust in God.

A reception in the parish house followed the services.

The closing session was held on the afternoon of October 4, in the parish rooms of St. Paul's church.

It was voted that the guild's united offering to the amount of \$600 for the present year be appropriated to the board of missions for the support of a missionary nurse in the Philippines, a member of the Guild of St. Barnabas to be preferred; and also that a like amount be given for two years, which shall be used at the discretion of the board of missions.

The members of the guild voted to accept the invitation of Rev. Mr. Wood, of Charleston, S. C., to hold the next annual meeting in that city in October, 1905.

Several amendments to the constitution were adopted.

It was voted to extend the hearty and unanimous thanks of the guild to Bishop Brent, of the Philippines, for the annual address which he delivered before the members at the Church of the Advent, and also to the Boston branch of the Guild of St. Barnabas for the hospitality which its members have extended to the visiting delegates.

The annual election resulted in the re-election of the Rt. Rev. Cortlandt Whitehead, D.D., bishop of Pittsburg, as chaplain general; Mrs. William Read Howe, of Orange, N. J., general secretary, and Miss Frances A. Jack, of Boston, general treasurer.

Rev. Fr. Osborne, of the Church of St. John the Evangelist, who was in attendance, was presented by Bishop Whitehead, as the founder of the guild.

Fr. Osborne said that the Guild of St. Barnabas, for nurses, which was started in Boston in 1888, with a membership of fifteen nurses, representing the different hospitals of the city, now has branches in all of the large cities of the United States. He also expressed the wish that members of this guild would unite with that of the Holy Cross for Invalides, which carries literature and words of good cheer to the sick, thereby joining the material and the spiritual forces of life in its work. He announced that the Guild of the Holy Cross for Invalides will hold a meeting in the New Century Building, Huntington Avenue, on Monday, October 17. The speakers will be Bishops Whitehead and Nelson, and Bishop Bowles, its founder.

In the evening the members of the guild were

entertained informally by Mrs. S. V. R. Thayer, at her residence, 30 The Fenway. Miss Sargent, who is Mrs. Thayer's niece, is secretary of the Boston branch.

The Orange branch of the Guild of St. Barnabas for Nurses, held the first meeting of the season at Grace Church Parish House, on Thursday, September 29. The service was conducted and an address was delivered by the chaplain. Dr. Mann expressed his gratification for so good an attendance of active and associate members.

The day being the feast of St. Michael and All Angels the lesson for the day was read in place of the regular guild lesson.

For the text, the chaplain chose the following words: "Take heed that ye despise not one of these little ones for I say unto you, that in heaven their angels do always behold the face of my Father which is in heaven."

This text, said Dr. Mann, refers not only to young children, but also to those who are childlike in their ways and bearing; childlike in their thoughts and belief; it refers to the simple and innocent natures with whom we so often come in contact and warns us to avoid offending, that is to say, avoid misleading or misguiding them.

After the service the members assembled for the business meeting and reception in the parlor of the parish house.

The chaplain announced that the treasurer of the guild, Mrs. Sutherland, had felt obliged, through ill-health, to resign the office to which she was re-elected at the annual meeting in June. Dr. Mann considered it a source of regret to lose Mrs. Sutherland as she had held the office for a number of years and her ability to stir up members, delinquent in the payment of their dues, had met with a marvelous degree of success.

The Committee on the Pension Fund Question, which is to be brought before the General Guild Convention, at Boston, reported considerable data secured, but expressed inability on their part to formulate and suggest any practical plan whereby such a fund could be maintained.

The lease of the St. Barnabas Guild room having expired, the guild decided to re-rent for another year. This room which is at the Visiting Nurses' Settlement, is maintained by the guild for the use of its members who have had an illness and are sufficiently recovered to leave the hospital but are in need of a quiet and home-like place in which they may convalesce.

Sewing meetings will be held, as in former years, at the various nurses' headquarters.

Miss Louise Henry, an associate member, was appointed chairman of the work committee.

Election of a new treasurer being next in order, Mrs. William H. Williams was nominated and unanimously elected.

The business meeting then closed and was followed by an informal reception.

#### Connecticut Training School A. A.

The regular monthly meeting of the Alumnae Association of the Connecticut Training School for Nurses was held at the nurses' home, Howard Avenue, October 4. The president, Mrs. Bergh, called the meeting to order at 3 P. M. There were sixteen members present.

The secretary, Mrs. Wilcox, read the minutes of the last meeting, which were accepted.

One nurse was admitted to membership, and two applications for membership were received.

Mrs. Anna Lockerty was appointed chairman of committee on arrangements for meeting of State Association, which is to be held in New Haven, November 9. The meeting then adjourned.

#### Nursing Notes From Iowa

Miss Charlotte Aikens, superintendent of the Methodist Hospital, Des Moines, Iowa, has inaugurated a new system of training in her school for nurses. All nurses now who enter for training must take a three months' preparatory course before being allowed to enter the wards as nurses. Miss Aikens contends that under the new system a nurse will be more advanced in the theory and practice at the end of three months than formerly she was at the end of her first year. The course of study will include lectures on theoretical work, and due amount of practical. Miss Aikens will be assisted, October 1, by Miss Agnes Trelevyan, of Baltimore, a graduate of a large Washington hospital. Miss Trelevyan will also have charge of the new system of district nursing, which begins operations October 1.

Thursday evening, September 15, at eight o'clock, a class of ten nurses were given their diplomas at Mercy Hospital, Des Moines, Iowa. The young ladies were dressed alike in white duck suits, and the regulation nurses' cap. The auditorium in which the exercises were held was gay with flowers and streamers of bunting, the entire hospital being illuminated brilliantly in

honor of the event. The address of the evening was delivered by Dr. A. P. Stoner, Dr. T. F. Kelleher presiding. Remarks were made by Judge Bishop, Mayor Mattern, and Rev. M. Flavin. Several entertaining readings and also several vocal numbers with violin obligatos were given by some of the city's best artists, after which, Dr. T. F. Kelleher presented the diplomas with his greetings. The graduates were: Miss Fay Hostetter, Omaha, Neb.; Miss Grace Frey, Lexington, Neb.; Miss Viva Barclay, Littleton, Iowa; Miss Grace Hawthorne, Nevada, Iowa; Miss Ella Gaedke, Manson, Iowa; Miss Kate Ludford, Laurens, Iowa; Lillian Powell, Des Moines; Cora Mettler, Des Moines; and Miss Floy Chamberlain, Rockford, Ill.

Miss Jennie S. Cottle, of Pueblo, Colorado, has been secured as superintendent of the Women's Christian Association Hospital, Council Bluffs, Iowa. Miss Cottle succeeds Miss Madge E. Penny, who leaves the hospital to become the wife of George Carter, editor of the Council Bluffs daily *Nonpareil*. Miss Penny has been superintendent for five years and her resignation is greatly regretted. Miss Cottle is a well known nurse of high standing, having been superintendent of the University Hospital for three years, and later at Minnequa Hospital, Pueblo, Col., and earlier in positions at Buffalo, N. Y.



#### New Jersey Training School A. A.

The Alumnae Association of the New Jersey Training School for Nurses held its first quarterly meeting for the year, 1904-1905, at 307 South Third Street, Camden, N. J., on Wednesday evening, October 5, 1904.

An enjoyable evening was spent and the following officers elected for the next year: President, M. D. Wrifford; vice-president, H. J. Brown; secretary, A. E. Whitlock; treasurer, A. E. Kimper:



#### Archbishop at St. Luke's

After the morning session of the diocesan convention in the Cathedral of St. John the Divine, Manhattan, New York, September 28, the Archbishop of Canterbury, escorted by J. Pierpont Morgan and George MacCulloch Miller, paid a visit to St. Luke's Hospital, of which Mr. Miller is president of the board of trustees. The Archbishop was escorted directly to the beautiful chapel connected with the hospital, where the medical staff, the nurses, orderlies and other at-

tendants were gathered. The Rev. Charles F. Clover, superintendent of the hospital, met the prelate at the door, and as the distinguished party walked to the chapel the chimes of the chapel played "Praise God, From Whom All Blessings Flow." The archbishop knelt at the altar and offered prayer and then, turning to the congregation, said:

"I will not keep you long, for you must return to the patients whom it hath pleased God to place under your care. May they never want for that care as long as you can do aught to aid them. This is a great, a noble work you have chosen to perform in the interest of humanity and of Christ the Saviour of all men. I have suffered much from illness in my life and I know that it means everything to him who is sick that he should be well cared for. Be faithful to your duty and remember that Christ you have always with you."

The archbishop then pronounced the benediction and the party left the hospital.



#### Indiana State Nurses Association

The second annual convention of the Indiana State Nurses' Association was held at Indianapolis, September 26 and 27. The sessions were held in the rooms of the Medical Society, in the Willoughby Building. There was a meeting of the executive committee in the morning of the 26th. In the afternoon the reports of committees were heard.

The president, Mrs. Fournier, spoke of the work of the organization, the first meeting of which was held only one year ago. Two supplementary meetings have been held at Fort Wayne.

Other reports were that of the executive committee, by Miss Florence M. Grant, of the Indianapolis City Hospital; legislative, by Mrs. C. A. Brown, Indianapolis, others by Miss Cora Speechly, of Fort Wayne; Miss M. L. Hale, Indianapolis; Miss Bolton, of Lafayette, and Miss A. Clark, of Fort Wayne.

Dr. Lehman H. Dunning, read a paper on "The Trained Nurses' Relation to the Public: How Can the Trained Nurse Extend Her Labors to the Sick in the Homes of the Poor and Moderately Well-to-do People?" The discussion of the paper was led by Miss Grant, of the City Hospital, and Miss Mary Solliers.

In the evening the members of the State Nurses' Association connected with the City Hospital, entertained the other members and visitors with an informal reception at the hospital. Miss Florence M. Grant and Miss Melville, of the hospital,



were the hostesses for the evening. There were about one hundred in attendance, and members of the association furnished piano music for the others to dance.

At the final session held on the afternoon of the 27th, the officers were re-elected and the association accepted the invitation of Fort Wayne to

given by the staff of nurses and Mrs. Fred C. Emde. Several hundred people visited the home between the hours of eight and ten o'clock.

The home is a section of the old building between the two main buildings. It was formerly used for the insane patients, but these patients were taken to the State hospital during the sum-



Miss Negsu

Miss Harrison, Supt.

Miss Crosby

Miss Nugent

GRADUATING CLASS, COREY HOSPITAL TRAINING SCHOOL, COREY, PA.

hold the semi-annual meeting in that city in March. It was decided to present the bill requiring registration of nurses at the next session of the legislature.

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#### **Nurses' Home, Cleveland**

The Nurses' Home at the Cleveland City Hospital was opened September 27 with a reception

mer. The rooms which they occupied have been repainted and redecorated and small brass beds and dressing tables placed in them. There are thirty-six rooms and each nurse has one for herself. The rooms open into long halls on both floors, which at the centre of the building intersect halls running across the width of the building. A piano has been placed in the downstairs

room. The nurses were formerly located in dormitories in the hospital building. This room will be used for patients.



#### Monroe County Nurses

The Monroe County Registered Nurses' Association met September 27, at the Reynolds Library, to consider the opening of a nurses' club room and to appoint delegates to the semi-annual meeting of the State Nurses' Association, in New York, the second week in October. Miss Adelaide Brooks, of the Canandaigua Hospital, was appointed delegate from Monroe County, and Miss Clara Connor, alternate.

Miss M. E. Wood, president, was in charge of the meeting. She presented the idea of a nurses' club room, or, at least, a place for general meeting, which the members might call their own. She said she thought this would be especially pleasing to the younger nurses who have not completed their training. The proposition was that undergraduate nurses be allowed the privileges of the club room free, practising nurses bearing the expenses. Miss Wood feared that the younger ones often felt that the older nurses were slightly antagonistic to them, and she thought such a place would do away with this impression. Nearly every nurse present expressed herself and all were in favor of the club room. They thought that it would give an opportunity for the younger nurses to get the benefit of older nurses' experience and would tend to break down school lines.

"It makes no difference where one is educated," said one. "The place is of no consequence, if only the nurse is educated."

Which last sentiment, by the way, is the one expressed editorially in September issue of *THE TRAINED NURSE*.

Miss Helen Balcom, assistant superintendent of the Homœopathic Hospital, suggested that each nurse give one day's earnings toward the Chair of Hospital Economics, at Columbia University. Some thought that \$1 given by each member would be sufficient, as \$50,000 would doubtless be raised from the societies of the country, with little difficulty. No action on the matter was taken.



#### Toronto General Hospital T. S. N.

Toronto General Hospital School for Nurses, held graduating exercises Friday, October 21, 1904. The following interesting programme was arranged: Invocation, Rev. Armstrong Black, D.D. Address by President

Board of Trustees, J. W. Flavelle, Esq. Report of the School, Miss Snively, Lady Superintendent. Address to the graduating class, Dr. F. LeM. Grasset. Presentation of diplomas and badges, Sir William Merideth, Chancellor of University of Toronto. Presentation of prizes, Dr. Charles O'Reilly, Medical Superintendent.

The graduates of the class of 1904 are: Agnes Baldwin, Isabel Maud Brown, Myrtle Winifred Brown, Mary Jane Campbell, Margaret Ann Cringle, Bessie Evelyn Dickens, Elizabeth Field, Ethel Mary Finucane, Mildred Gray, Emma Amelia Hamilton, Nellie Hatch, Elizabeth Hannant, Stella Maud Irwin, May Rebecca James, Margaret T. Kerr, Gertrude May Moore, Agnes Edith Murray, Eleanor McArton, Lilian McColough, Mary McGibbon, Nellie L. McHoull, Mary McIsaac, Ethel Clair Nairn, Elizabeth Parker, Janet Mills Peace, Nellie M. Ross, Lilian Bessie Sargent, Kathleen A. Smith, Ethel Margaret Somerville, Robina Elizabeth Stewart, Anne Turner, Grace Isabel Younger.



#### L. I. C. H. A. A.

The regular monthly meeting of the Long Island College Hospital Alumnae Association was held at the Registry, on Tuesday, October 11, when there was a very large attendance. The president, Miss Anna Davids, was in the chair. After the usual reports had been read, it was stated by Miss Charlotte Arnold, treasurer of the fund being raised for repayment of the debt incurred in furnishing the Registry, that contributions had been handed in by Misses Frazer, Weststrom, E. Hall and Roeberg, and also that several others were working in different ways for the accomplishment of the same object. It was stated that a euchre would be held at the Registry once a month, the proceeds of which would also be given to the same fund. After all the business had been transacted, the members were regaled with coffee and cake, and enjoyed themselves for a little while, and after this Dr. Delatour gave a most interesting and instructive address on etherization and sterilization, for which the members tendered him a very cordial vote of thanks.

C. HALL, Cor. Sec.



#### New York City Training School A. A.

The regular monthly meeting of the New York City Training School Alumnae Association, was held at the Academy of Medicine, 17 West Forty-third Street, October 11, 1904, at 3 P. M. Miss J. Amanda Silver, the president, in the chair.

The meeting was well attended. Dr. Edward S. Peck, of the Board of Examiners of the Training School, gave an interesting lecture on the eye, ear and throat. Besides the usual routine business, much interest was shown in selecting nurses as delegates for the meetings of the County and State Associations.

The members were saddened by the announcement of the sudden death of our sister member, Mrs. Isabel Corlett Armstrong, class of 1895, who died September 17, 1904, at Greenwich, Conn.

A very dainty luncheon was given in the Banquet Hall by Miss Elizabeth Farrell.

JULIA M. SYRON, Cor. Secy.

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#### Army Nurse Corps\*

During the last fiscal year, 312 graduate nurses have applied for admission to the corps. There have been 37 appointments (27 new, 10 having had previous service) and 36 discharges. On June 30, 1904, the corps was filled to its maximum strength, having 100 nurses on active duty, distributed as follows:

United States Army General Hospital, Presidio of San Francisco, Cal.....	39
United States Army General Hospital, Fort Bayard, New Mexico.....	15
First Reserve Hospital, Manila, P. I.....	34
Convalescent Hospital, Corregidor Island, P. I.....	4
Base Hospital, Iloilo, P. I.....	5
On detached duty at Zamboanga, P. I.....	2
Home, awaiting discharg.....	1
	100

The increasing demand for nurses at the hospitals made it necessary to assign the work as dietist at the Hospital Corps Company of Instruction, Fort McDowell, Cal., to a nurse-at-large. It was formerly done by a member of the corps. There are at present five hospitals where trained nurses are on duty, two in the United States and three in the Philippine Islands.

The health of the corps has been uniformly good. There has been no case of serious illness and no death during the year.

For many reasons, it seems that a more generous provision should be made for the subsistence of the nurses. The ration alone is wholly inadequate. Owing to the comparatively small number serving at any one place, the savings therefrom are too insignificant to create a fund which

might otherwise be applied to the improvement of their mess. This is notably true in the Philippines, where the cost of living is high and the need of a generous diet is particularly important.

It also seems desirable that some inducement to remain in the corps should be offered the older and most highly efficient nurses. An increase in pay of five per cent. for every three years of service would be in line with the procedure in other branches of the military establishment and attain the desired end at a trifling cost to the government.

The nurses have shown themselves an efficient and dignified body of women. A medical officer commanding one of the large general hospitals, writes: "I have nothing but praise for the nurses of the Army Nurse Corps who have come, under my observation. They have done faithful and most valuable work, and their services have been of inestimable value to the Medical Department."

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#### Medico-Chirurgical Hospital N. A. A.

The regular monthly meeting of the Nurses' Alumnae Association, was held at the hospital, October 3, at 3 P. M. A large number of members were present. Miss Davis presided. Minutes of previous meeting approved as read. Three names were presented for admittance; two new members accepted.

It was decided at this meeting to adopt a pin, to be known as the Alumnae Pin. A design was decided upon and a committee appointed to purchase same.

A letter was read from Miss Mackereth, who is in Japan; she expects to be with us in November, but only to remain a short time, as she intends sailing for Panama.

A committee was appointed to revise the Rules and By-laws of the association.

After the meeting, tea was served and all spent an enjoyable afternoon.

Next meeting will be held November 2.

ELLEN M. RITTER, Cor. Secy.

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#### St. Louis Notes

Miss Frankie Shouse resigned her position as superintendent of nurses at the Centenary Hospital, to accept the position of superintendent of the Lane Hospital, San Francisco, Cal. It is with regret that the Centenary Hospital, as well as the many friends of Miss Shouse in St. Louis give her up to go to her new field. We bespeak for her, however, a pleasant and in every way a good position and home—one worthy of such a woman. Miss Shouse is a graduate of the Missouri Baptist

\*From Report of the Surgeon-General of the Army, for the Fiscal Year ending June 30, 1904.

Sanitarium Training School, and ex-superintendent of nurses of the same institution.

Miss Shouse was treasurer of the Associated Nurses of St. Louis, also president of Missouri Baptist Sanitarium Alumnae Association.

The nurses and hospital staff of the Centenary Hospital, tendered to Miss Shouse a very pretty farewell reception, on Monday evening, October 10. About one hundred were present.

Dr. Pinckney French, president of the board, presented Miss Shouse, in behalf of the training school, with a handsome gold watch.

While all regret her going away, they are glad to have Miss Ainsworth, a former superintendent, return. Miss Ainsworth took charge October 11. Miss Shouse left St. Louis, Tuesday, October 11, for San Francisco, and will begin her duties at once.

Mrs. Gibson, superintendent of the Jewish Hospital, and president of the Society of Associated Nurses, has returned from Atlantic City, where she went to attend the convention of hospital superintendents. Mrs. Gibson reports a very interesting time.

Mrs. Smith, recently resigned from the Orange Training School, Orange, N. J., has accepted the position of superintendent of nurses at the Missouri Baptist Sanitarium. We are glad to welcome Mrs. Smith back to "the West" again. Mrs. Smith took charge of the training school October 1.

Miss Lillian Casey, graduate of the Missouri Baptist Sanitarium, has accepted a position in the Rudisell Sanitarium, Houston, Texas.

Mrs. Rudisell, of the Rudisell Sanitarium, Houston, Texas, spent several days in St. Louis visiting friends and the World's Fair. While in St. Louis, Mrs. Rudisell visited the Missouri Baptist Sanitarium and St. Luke's Hospital. By the courtesies of the surgeons in charge, she attended an operation at both named institutions.

Miss Emma Barber, of Portsmouth, Ohio, spent several days at the Fair and in St. Louis on her way to Hannibal, Mo., to take a post-graduate course at the Levering Hospital, in Hannibal.

Miss Elizabeth L. Frank, Omaha, Neb., graduate of Cortland Hospital Training School,

spent several days in St. Louis to see the Fair, on her way home from Liverpool, N. Y.

Miss May E. Dement, Omaha, Neb., graduate Woman's Christian Association Hospital of Council Bluffs, Iowa, spent several days "doing the Fair." Both Miss Frank and Miss Dement belong to the Nurses' Club, of Omaha, Neb.,

Miss Draffin, Newport, R. I., graduate Portland (Me.) Hospital Training School, post-graduate of Maternity, Philadelphia, and of the General Memorial, New York city, spent a week in St. Louis, on her way to Los Angeles, Cal., to do private nursing.

Miss Cleveland, Newport, R. I., graduate Lawrence General Hospital, Boston, Mass., post-graduate of General Memorial, New York city, spent a week seeing the city and Fair. Miss Cleveland returned to Newport to spend about a month, after which she will do private nursing in New York city.

Miss Hanckney, San Diego, Cal., graduate Dr. Edwards' Private Hospital, spent a week in St. Louis "doing" the city, and Fair. Miss Hanckney has returned to San Diego to do private nursing.

Misses Geary and Schooley, head nurses at the Danville State Hospital, Danville, Pa., spent several days in St. Louis, seeing the Fair.

Miss Carrie Minor, Springfield, Mo., graduate Missouri Baptist Sanitarium, formerly a private nurse in St. Louis, spent two weeks seeing old friends and the Fair.

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#### At the World's Fair

No change in the staff of nurses at the Baby Incubator this month.

Miss Napier, graduate of the St. Louis Training School, has been added to the nursing staff at the Emergency Hospital.

Fraternal Building: Miss Hauser, Protestant Hospital Training School; Miss Nieubuhr, Illinois Training School; Miss Barnard, Massachusetts General; Miss McAllen, New York Infirmary; and Miss Barney, Missouri Baptist Sanitarium, were the hostesses during September and October for the Associated Nurses.

### Out of Town nurses registered at the Fraternal Building:

Miss Helen L. Robin, Berlin, Conn., graduate Mt. Sinai, New York; Miss A. B. Benton, Wilson N. C., graduate Boston City, Boston, Mass.; Miss N. A. Peeler, Little Rock, Ark., graduate Missouri Baptist Sanitarium, St. Louis, Mo.; Miss Belle Nichols, Denver, Col., graduate Colorado City Training School; Miss Josephine Hallden, Dayton, Iowa, graduate Augustana Hospital Training School; Miss Lillian Oelgrath, Baltimore, Md., graduate Baltimore City Hospital; Miss Jane M. Stoker, Chicago, Ill., graduate Illinois Training School, Chicago, Ill.; Miss Louise Buford, Memphis, Tenn., graduate Presbyterian Home Hospital; Miss Anna W. Grant, Chicago, Ill., graduate Polyclinic, Chicago Ill.; Miss Eleanor Karan, Omaha, Neb., graduate Trinity Hospital; Miss Louise Shiefel, Chicago, Ill., graduate German Hospital, Chicago; Misses Cora Weigel and Nellie Smith, Memphis, Tenn., graduates Dr. Crofford's Infirmary. Misses Clara Irwise and Beatrice Seiple, Philadelphia, Pa., graduates German Hospital, Philadelphia; Miss L. Lustnauer, Louisville, Ky., graduate Louisville Training School; Miss Ella M. Bell, Chicago, Ill., graduate West Side Hospital, Chicago; Miss Ottilie E. Datter, Kansas City, Mo., graduate Protestant Episcopal Hospital, Philadelphia; Miss Mary E. Paterson, Washington, D. C., graduate Children's Hospital, Washington, D. C.; Mrs. J. L. Cherrier, Hamilton, Canada, graduate St. Louis Training School, St. Louis; Miss J. V. McComas, Clifton Forge, Va., graduate Maryland General Hospital; Miss C. D. Bond, Washington, D. C., graduate N. H. H.; Miss M. C. Donthit, Clifton Forge, Va., graduate K. D. Staunton, Va.; Mrs. E. B. Doran, Washington, D. C., graduate Columbia Hospital; Miss M. Hughes, Helena, Mont., graduate St. Catharine's Hospital, Ont.; Miss Olive Beebles, Helena, Mont., graduate St. Luke's, St. Louis; Misses Pauline M. Weiss, Maud McPeep, Caroline Weagant and Blanche A. Wheeler, Minneapolis, Minn., St. Barnabas Hospital; Miss Mary Jefson, Nashua, Iowa, graduate St. Joseph Hospital, Sioux City, Iowa; Miss Carrie Minor, Springfield, Mo., graduate Missouri Baptist Sanitarium; Miss Nisbet, Douglas Sanitarium, Nashville, Tenn.; graduate Pennsylvania Hospital Training School; Misses Myrtle Lynch, Minnie R. Coomes and Lotta M. R. Farar, Evansville, Ind., graduates St. Mary's Hospital; Miss Alice Beatle, Waterloo, Iowa, graduate Illinois Training School, Chicago; Miss

Mosie Blank, Hamburg, Iowa, graduate Homœopathic Hospital, S. V. J.; Miss Maude Richards, Waterloo, Iowa, graduate Homœopathic Hospital, S. V. J.; Miss Ruth J. Richards, Chicago, Ill., graduate C. H. Hospital, Chicago; Miss Ella S. Jacobs, Washington, D. C., graduate Garfield Memorial, Washington; Misses Carrie Danner, Mina Kosischke and Katherine Mathews, Springfield, Ill., graduates Springfield Hospital Training School; Misses Rose A. Jeffries, Clara L. Robinson, Burlington, Vt., graduates Mary Fletcher Hospital; Miss Sarah F. Woodward, Memphis, Tenn., graduate Memphis Training School; Miss Hilda Lindblad, Orion, Ill., graduate Moline Hospital; Miss Mary E. Parkhurst, Galesburgh, Mich., graduate Farrand Training School, Detroit, Mich.



### Graduating Exercises Nicholls Hospital

Five nurses graduated at Nicholls Hospital, Peterborough, Ont., Can., on the evening of Monday, October 10. They were: Miss Annie C. Sharkey, Miss Mary E. Gordon, Miss Grace A. Dainty, Mrs. Helen Richardson, Miss Abbie L. Jenkins.

The exercises took place in the Y. M. C. A. Assembly Hall and the programme was as follows: Address, by Chairman of Board; vocal solo, Miss Davies; address to nurses, Rev. J. A. Wilson; vocal solo, Mr. N. Jolliffe; charge to nurses, M. McClelland, M.D.; presentation of diplomas and medals; vocal solo, Mr. Lawrence; Recitation, Miss McCollum; presentation of bandaging prize to Miss Jenkins, by Dr. Young; Solo, Miss Davies; valedictory, Mrs. Helen Richardson; "God Save the King."

The addresses were all of a high order, but Dr. M. McClelland's Charge to Nurses was particularly impressive and enjoyable.

In spite of a very heavy storm, the attendance was all that could be desired.



### Married

A very pretty but quiet wedding was solemnized in Manchester, N. H., on Wednesday, September 21, when Lillian Estelle Babbett became the bride of Albert Hayden Jones, of Tilton, N. H. Mrs. Jones is a graduate of the Elliot Hospital, of Manchester, class of 1901. Since her graduation she has followed her chosen calling in this city, where her devotion and faithfulness to her work has won for her the regard of the physicians with whom she has come in contact and endeared herself to her patients and fellow-workers. On the return of the bridal pair from

their wedding-trip, which was spent in the White Mountains, the Florence Nightingale Club, of which the bride was a former president, tendered them a reception at her late home. During the evening Mrs. Jones was presented with a beautifully framed water-color painting, with the best wishes of the club for her future happiness. Mr. and Mrs. Jones will reside in Brentwood, this State.

N. E. P.

Miss Kate O'Connor, a nurse in training at Grace Hospital, New Haven, Conn., was married, September 12, to Mr. Frederick Conrad, a young banker of Baytone, Florida.

Miss May Brown, a well-known Greenfield (Mass.) nurse, was married, on the evening of September 9, to Mr. Walter Guilford. The ceremony was performed by the Rev. C. W. Merriam, at the home of Mr. and Mrs. Daniel Shay.

Married, at Glenwood Springs, October 2, at residence of Dr. L. A. Robinson, Mr. R. J. Anderson and Miss Helen Barry. Miss Barry graduated from Wisconsin Training School for Nurses, in '93 and has been active in her profession ever since.

Married, at New Haven, Conn., Tuesday, September 20, 1904, Miss Louise Cook to Dr. Louis Irving Mason. Mrs. Mason is a graduate of the Connecticut Training School for Nurses, class of 1895.

A small, but pretty wedding, took place September 22, at high noon, in the First Methodist Church, Colorado Springs, when Mr. J. W. Bower, and Miss Grace E. Reasoner, of Glenwood, Iowa, were united in marriage. The bride is a graduate nurse of the W. C. A. Hospital, at Council Bluffs, Iowa.

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#### Personal

Miss Elise Brener, of Berlin, Germany, has accepted the position of supervisor of nurses at the German Lutheran General Hospital, Sioux City, Iowa.

Mrs. Eliza McKinley Harris, of 3943 Olive Street, St. Louis, Mo., desires us to state that she will be pleased to obtain rooms for any nurse attending the convention of the Spanish-Ameri-

can War Nurses, November 7, who do not desire to stop at the inn inside the Fair grounds.

Miss Hattie M. Greaves, of Buffalo, N. Y., has returned to Buffalo after an extended trip to Philadelphia and Washington.

Miss Jessie Slawson, graduate of New York City Training School, has been appointed superintendent of nurses at the Pacific Hospital, Los Angeles.

Mr. Calvin E. Webb, a graduate of the Pennsylvania Orthopedic Institute and School of Mechano-Therapy (Inc.), has been appointed masseur to the department for nervous diseases at the Jefferson Medical College Hospital in Philadelphia.

Miss Beatrice B. Perkins, of Aurora, Ill., graduate nurse from Sherman Hospital, Elgin, Ill., and graduate in medical massage and electricity from the Pennsylvania Orthopedic Institute and School of Mechano-Therapy (Inc.), Philadelphia, Pa., has accepted the position as masseuse to the Blessing Hospital, Quincy, Ill.

Miss Annie P. Evans, of London, Ontario, formerly superintendent of Brooks Memorial Hospital, Dunkirk, N. Y., and Miss Mary S. Aitchison, of Ottawa, Ontario, a graduate of Fall River (Mass.) General Hospital and Post-Graduate Polyclinic Hospital, New York, have returned to Canada after taking the summer course in medical massage, gymnastic and electro-therapeutics at the Pennsylvania Orthopedic Institute and School of Mechano-Therapy (Inc.), Philadelphia, Pa.

Miss Bouck and Miss Edminson, graduates class '04, Kingston General Hospital, Kingston, Canada, will take charge of a hospital for Dr. Davis, of Parry Sound, Ontario. The Kingston Hospital has extended the course of training from two to three years.

Miss Alma Ricketts, graduate of Denver, Col. Hospital, class of '04, has been appointed first assistant nurse at the Wyoming Hospital.

Miss Ruth Livingston, a graduate of the City Hospital, Newark, N. J., is recovering from appendicitis at that institution.

Miss Ida Gascoigne Chapman received her diploma and class pin at the graduating of the second class from the training school of the Alma Springs Sanitarium, September 22.

Miss Hester Page, who has been superintendent of the Watertown (N. Y.) City Hospital for several years, has tendered her resignation, and will rest for a time before assuming duties elsewhere. She will be succeeded by Miss Anna Young.

Judge Lanning and the jury found a verdict of \$5,750, in favor of Miss Anne Annette Rice, a trained nurse, who brought suit against the Camden and Suburban Company, for injuries received by being thrown off one of the company's cars.

Miss M. E. Wood, of Rochester, N. Y., has been appointed superintendent of the Batavia Hospital, to succeed Miss Gould, resigned.

Miss Woods, formerly of Boston, now a nurse at an Alaskan mission, is one of the heroines of peace. Word came to her of the epidemic of diphtheria among the Indians at Fort Yukon—125 seized with the disease, 25 dead. Miss Woods started at once to the rescue, making a journey of one hundred miles by canoe. Her presence at Fort Yukon, Bishop Rowe writes, has been spoken of as that of an angel. There are no physicians at Fort Yukon, and very little in the way of food or medicines, and Miss Woods' relief work has been carried on under the greatest difficulties. Dispatches lately received in this country, however, state that Miss Woods has herself contracted the disease, to the great consternation of other workers.

Miss Jennie Adams, a recent graduate of the Children's Hospital Training School for Nurses, Boston, has received the appointment of head nurse at that institution.

Miss Annette Burkhard has been appointed superintendent of the City Hospital, Atlantic City, N. J.

Miss Lizzie Merriam, a graduate of Burbank Hospital, Fitchburg, Mass., has received an

appointment on the sanitary staff of the Isthmian Canal Commission, and has sailed for Panama.

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### Obituary

Miss Edith May Cates, of Detroit, and for the past two years nurse at the Victoria Hospital, London, Ont., Canada, died September 18, her health having been undermined by work in the contagious disease department of the hospital. She was buried at Oil Springs, Ont.

Miss Estelle Johnson, a nurse of the Deaconess Home and Hospital, St. Joseph, Mo., shot herself in the right temple on the night of September 24, and died early the following morning without having regained consciousness. Fear that she would become the victim of an incurable disease was thought to be the cause for the act.

Miss Eleanor Maher, a trained nurse, formerly of Syracuse and Jamesville, N. Y., was fatally injured in a runaway accident in Ithaca, N. Y., September 30. Miss Maher was driving with Dr. R. M. Vose to the country home of one of the doctor's patients, when the horse took fright and ran away, crashing into a farmer's wagon, throwing the occupants of the buggy to the ground. Miss Maher did not regain consciousness. Dr. Vose was seriously injured.

Miss Sallie B. Dower, died at her home, Bayonne, N. J., after a short illness.

Miss Dower was a pupil of the New York Post-Graduate Hospital, class of 1905, and needed but a few months to complete her training.

Before entering upon her work at the Post-Graduate, Miss Dower held a position at the Nyack Hospital for a year and a half. She possessed an unusually sweet and gentle nature. Her influence was one of cheerful refinement; this, combined with conscientious faithfulness in her work, won the respect and appreciation of all with whom she came in contact, and many are the lives to-day that are better for her watchful care and gentle influence.

She was a sister of Miss Eleanor Dower, of Newark Hospital, who died over a year ago.

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(Continued on page 344)

# The Editor's Letter-box

The Editor is not responsible for the views of contributors.

## Typhoid Fever

DEAR EDITOR: I am sending you a report of a case of typhoid fever which, to me, was very interesting, and may prove to be so to some of your readers.

October 14, 1903, called by doctor-in-charge to Sequoia Hospital, Eureka, Cal., to act as special nurse on case. Patient, a young man, twenty-six years old, had entered hospital four days previously, having been ill for a week before that time. On the night before I took charge of the case, the temperature had been up to 105.6°, and patient was given ice, massage and baths, which, though lowering the temperature considerably, were too severe and brought about severe nervous symptoms.

*First Week, October 14, 1903.*—Orders: turpentine, m. v. in caps. q. 3 hrs.; acetone  $\mathfrak{J}$ ii. to vi. q. 2 hrs.; nourishment (liquid)  $\mathfrak{J}$ iv. to viii. q. 3 to 4 hrs.; control temperature with tepid packs, gradually reducing to cold; discontinue when temperature reaches 102°.

At 8.30 P. M. the patient was complaining severely of cold; temperature, 102.2°; pulse, 96; respiration, 18. 10.30 P. M. temperature came up to 104.4°. Placed him in a tepid or warm pack of about 98°; changing the large bath towels used for pack every fifteen to thirty minutes, each time reducing their temperature until I was able to wring them out of ice water and apply without any manifestations of nervous symptoms or even discomfort to the patient. The temperature slowly and gradually dropped, and at 3 A. M., October 15, was 101.8°. He went to sleep and slept well for two hours, which was the first sleep for several nights.

During the three following days this method of reducing the temperature was followed, and its highest point was 103.6°. On the fourth day of this week the temperature came down to 102° and remained near that point for two days, then went as low as 99°, and the seventh day its highest point was 100.6°; at 12 midnight, both the night and the morning temperature being 98.8°.

In addition to the previous orders, whiskey  $\mathfrak{J}$ ss. q. 3 hrs. was added and amount of nourishment increased as the patient began to show need of stimulation. As the temperature lowered to 99° the pulse became very weak, and on the night of the seventh day from twelve o'clock until six the

following morning it could not be felt. Hypos. of strychnia, grs. 1-30, were ordered q. 4 hrs., P. R. N. The patient now began to get delirious, having up until this time been very clear. Voided urine involuntarily; very constipated. Castor oil, which up until this time had been used, now became ineffective.

*Second Week, October 22.*—Temperature still down to 99° and 99.6°; pulse very weak, patient delirious and in a constant state of excitement, had taken on severe nervous symptoms. Arms were flexed across chest and rigidly set; whole body trembled very severely.

Orders were continued as before, with addition of morphine, grs. 1-6 q. 6 hours per hypo., and discontinuance of turpentine. The strychnia had to be given regularly now every four hours. Night and morning warm soap and water baths were given and several alcohol sponges during the twenty-four hours. The heels, back, hips, shoulder blades and elbows were very red and tender. On the morning of the ninth day very suddenly and without any apparent warning the temperature rose to 105.8°; pulse too weak to be counted; respiration, 36. The whole appearance of the patient was death, and that very soon. Immediately began sponging with tepid water, reducing to ice cold, and three and one-half hours later the temperature was 102.6°. At this time he began expelling a large amount of gas per rectum, was perspiring very profusely and complaining of thirst. Took his regular amount of nourishment (now confined to milk). At 12.30 P. M. began giving calomel pv., as bowels had not moved for six days, this was followed up by mag. sulph.  $\mathfrak{J}$ ss. Good results. Patient at this time was very excited and delirious. Had some difficulty in keeping him in bed.

October 23, 1.30 A. M.: temperature, 103°; pulse could not be counted, too weak; 3 A. M., noticed the body was extremely hot. Was unable because of constant involuntary movements of the bowels to take temperature per rectum, but found it per axilla to be 107.6°. Immediately began ice cold sponging and massaging with blocks of ice. This was kept up constantly for three hours, when the temperature then dropped to 106° per rectum. (At my first opportunity during this sponging when bowels were quiet, I found the temperature per rectum 107°, this



about one hour after the axilla temperature.) The heart beats at this time were over 140 and very irregular. At 6.30 A.M. discontinued sponging; 7.30 A.M. temperature 105°. Gave another hour of cold sponging.

Patient very excited, anxious and bright. 8.30 A.M. very large bowel movement; 11.00 A.M. small one, and at 11.30 A.M. a severe hemorrhage of the bowels. Pale and exhausted after the hemorrhage; gave morphia, grs.  $\frac{1}{4}$ , and applied ice bag to abdomen, nourishment discontinued. In the afternoon another slight hemorrhage occurred, proceeded by a temperature of 105°.

Morphia, grs.  $\frac{1}{4}$  every 6 hours, were continued for the next two days, then gradually diminished; cool sponging P.R.N. After two days the ice bag was discarded. Nourishment again begun and gradually increased. The temperature now began to fall gradually and the pulse to become stronger. At the end of the second week the evening temperature reached normal and patient showed signs of convalescence; still delirious.

It will be noticed the tendency all through the case was for the highest temperature to occur in the early morning rather than the evening, as would naturally be expected.

*Third Week, October 29.*—Convalescence thoroughly established and improvement began in every respect. In the middle of the week the mind began to clear up and at the end of week he was perfectly clear, the pulse and temperature having been normal for a week. I left the case in good condition. Later, was informed of his entire recovery. ALTA A. M. BATES.

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#### How "Normal Salt Solution" Saved a Life

DEAR EDITOR: I am sending you a report of case which may help some nurse in an emergency. With this in mind a nurse might save a life at least until a physician could be called.

On April 11 I was called to see Mrs. B. S., it being impossible to find her usual medical adviser, or his assistant. On my arrival at the bedside shortly after 9 P.M., I found a woman thirty-five years of age, weighing about 140 pounds, and the mother of two children, three and six years old. She was a woman apparently of good physical strength—a farmer's wife, accustomed to hard work and plenty of it. History was as follows: Has had four (4) children and one miscarriage. In October, after a great deal of hard work, much of it out of doors (man's work), she approached a menstrual period. Prior to this she had "missed" one or two, but she stoutly

maintained that she was not pregnant. After some unusually heavy lifting the October period arrived and the menses appeared *normally*, she asserts. The flow soon became a veritable hemorrhage, and medical aid was sought. The physician in a way unknown to patient controlled the menstrual flow, but not until the woman had lost an alarming amount of blood; however, a tonic and stimulating after-treatment with forced feeding soon placed her in good condition again. She had no further physical troubles until April; her menses being normal as to time, amount, and so forth. April 7, her monthly period arrived and began normally, except that it was absolutely painless, if that may be deemed an abnormality. It continued thus till the 9th, when it developed into metrorrhagia, and her physician was sent for. He left her some pills (apparently of ergot). She took the medicine as directed and the condition improved until the afternoon of the 11th, when excessive flowing again began. It was not considered serious by patient or her friends until 6 P.M., when it became worse. Her former medical attendant was sent for, but could not be found, so it happened I was requested by telephone to see her. At nine-thirty (9.30) P.M., on April 11, I found her almost exsanguinated, pulse over 130 per minute and almost uncountable, also very weak and compressible, and "jerky." Temperature, subnormal; respirations *very* shallow, forty (40) to the minute. Pupils dilated, expression anxious, skin more than pallid, and those *sighs* characteristic of profound shock from hemorrhage, well marked; occurring every three or four minutes. Voice almost a whisper and phonation difficult. Lips and mouth dry, tongue coated and skin clammy. Blood was issuing from the vagina quite freely. My first act was to take measures to stop the bleeding from the uterus; 1-50 of a grain of atropine sulphate (hypodermic injection) and hot applications to feet and about the body surface. In fifteen minutes was given under the skin morph. sulph.  $\frac{1}{4}$  gr. and atropin. sulph. 1-150 gr. and ten minutes later all bleeding had ceased. The state of collapse then engaged attention. Having with me no special appliances for the emergency I injected into the rectum, as high as possible, with a common bulb syringe, one and a half (1½) quarts of normal salt solution, as hot as could be borne. As the heart seemed to require it, I administered 1-100 gr. nitro-glycerine. I had arranged dry cloths, to determine how much, if any, of the salt solution leaked from the bowel. Of this first injection not a drop

returned. In half an hour one quart of salt solution, *hot*, was injected as before, with only slight loss of the fluid. Strych. nitrate and more nitroglycerine was given as needed. At midnight and at 1 A. M. *hot* salt solution was injected, a little over a quart each time. Of the midnight injection possibly half a pint returned, and at one o'clock about a pint was lost by regurgitation, together with some feces. Up to this time the general condition had only slightly improved, and at *three* different times I feared the "silver cord" must break. After the one o'clock water injection the woman improved in appearance, pulse, respiration, voice, etc., rapidly; and at 2 A. M. had a short doze. As a precaution, after awaking, another quart of hot solution was used in the same way, but most of it "came back" from the bowel. Now was the first opportunity to examine locally. The extreme urgency of the case forbade any prior local measures. The vagina was filled by a clot of blood. The uterus was found normal and in the usual condition of a multifarous womb—some old tears of small extent.

There was no evidence of an abortion having occurred. The womb was fairly contracted but not sufficient to prevent easy exploration. There was no sign of membrane or other concomitants of miscarriage. The after treatment was tonic and supporting with special liquid diet for a few days. The principal reliance was placed on iron, arsenic and strychnine, essence of pepsin, beef extracts and milk. On the fourth day pepto-magnan (Gudé) was added to the treatment with especially happy result. It was unattainable in the country sooner. With this case in mind a nurse could, in an emergency, where a physician was unattainable, and the condition similar and urgent, from whatever cause, save life, or at any rate keep the vital spark glowing until the surgeon could be called to the case. The May period came and passed normally during the first ten days of the month. The amount of blood lost during it was somewhat less than normal. Period lasted four days, with some pain on the first. For three days prior, during, and a day or two after the May menstrual period the woman was given tr. belladon. in drop doses every three hours. She has continued the pepto-magnan (Gudé) since the middle of April and is now in perfect health, apparently. There is food for reflection in this simple history. Further local treatment and observation may clear up the uncertainties as to the cause of the "flooding."

The formula for salt solution which I use, is as follows:

R <sub>x</sub> Sodium chloride.....	200 gr.
Potass. Chloride.....	12 gr.
Sodium Sulphate.....	100 gr.
Sodium Carbonate.....	100 gr.
Sodium Phosphate.....	8 gr.
Ag. Des.....	$\frac{1}{2}$ pt.

This should be sterilized and at the time of using shall be *diluted* by the addition of ( $1\frac{1}{2}$ ) one and one-half pints of *boiled* water. If this solution be *sterile* it may be used in intravenous injections with proper and sterile apparatus. In cases of extreme emergency where the *only* available avenue for the introduction of the salt solution is the bowel, and all these ingredients are not at hand, one may use ordinary table salt, one tablespoonful to the pint of boiled water as hot as can be borne.

J. HAVEN ROSS, M.D.

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#### The Graduate Nurse

DEAR EDITOR: Would you kindly permit me to make a few remarks in reference to a letter in the October number of THE TRAINED NURSE, signed "A Non-Graduate Nurse"?

I was surprised to think any one should for one moment consider it the duty of a graduate nurse "to wash the baby clothes, diapers, etc." I wonder what "etc." stands for in this instance; can it possibly mean the rest of the family washing?

All graduate nurses are (as a rule) willing to do any thing for their patient's comfort, but are hardly called upon to do the work of a laundress.

It is the endeavor of the training schools of the present day to raise the nursing standard. We study and work hard for three years to perfect ourselves in the nursing profession, we enter our patient's house (what for?) to give her the benefit of that knowledge, *not* to do the work of servants. I have never yet found a patient who would wish or expect a nurse to do such work, and if it should ever be my misfortune to meet one I would be only too glad to give up the case to a "non-graduate nurse."

Very truly yours,

MARGARET L. WOOD, Graduate Nurse.

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#### The Non-Graduate Nurse (No. 2)

DEAR EDITOR: While reading from cover to cover my TRAINED NURSE AND HOSPITAL REVIEW of October, I noticed an article headed "Non-Graduate Nurse." I read and re-read the article, and, as it touched the keynote in my heart, with your permission and patience, I would like to take up the subject mentioned, by No. 1

again. First, I wish to cross palms with "Non-Graduate No. 1." I have also noticed, what I termed rather unisisterly articles in THE REVIEW by those who are among the fortunate graduate nurses; as, with "Non-Graduate No. 1," I was obliged to discontinue my course, for special reasons. I have had many years' practice as a nurse, commencing as a small child, with my pets; later, when ten years, trusted by attending physician to scrape the lint, and dress and bandage, an arm scalded from wrist to shoulder. At fifteen years, a case of obstetrics (after a confinement). My mother was the attendant, but was taken suddenly ill. My mother taught me "what was necessary to be done, should be well done" and that "cleanliness was next to Godliness." During the Civil War I belonged to the "Union League," and while attending school in Chicago helped in nurse work at "Camp Douglas." I think I have had some as bad cases of diphtheria, typhoid fever, cerebro-spinal meningitis and obstetrics as any graduate nurse, and have, with the aid of the attending physician, been successful. Later in life I went as a special nurse in the hospital in surgery cases, and had good success. As to a special dress or uniform mentioned, what is it? Before me is a book and samples from a leading furnishing house for nurse goods. There are plain blues, browns, stripes, wide and narrow, black and white goods, aprons with bibs and straps, and without, cuffs, collars, various kinds. Our merchant keeps the blues, the stripes, etc., to sell. Any one can buy and wear them. I try to be clean and neat, and wear cotton garments, noiseless shoes, and caps, regardless of "uniform," and I feel that is my right and privilege. I also always wash and scald the "baby" napkins, my patients' clothing and bed clothing. I never allow soiled clothing to accumulate. But—I never neglect my patient, to dispose of this work. I thoroughly understand the use and benefits of antiseptics, use them freely in the sick room, about my work, and in my own home, have my own case of articles (of the best) as *all* nurses should have; try to prepare for emergencies and study my patient in habits, disposition, etc. I could in my experience record many instances where "Graduate Nurses" did not do their work in a thorough manner. But we are all human and liable to mistakes and let us bury them with our own failures. I am glad there are trained nurses and glad there is a chance for nurses to advance along this line, and more than glad of the new ideas, etc., to alleviate the suffering of humanity. Some of my best friends are "Grad-

uate Nurses." I try to keep step with the advancement in journals, books, etc. One of my patients remarked: "Nurse, do you make enough from your small wages to clothe yourself, pay your laundry bills, your books and outfits?" I said: "I love the work, I want to keep up with the times and I do all I can for my suffering patient, regardless of cost. Sometimes I have a little left; I regret that Father Time tells me, 'you will soon have to doff the nurse attire.' There is so much to be done, and so many good things to learn to aid the sick, but 'time and tide wait for no one.'"

Let me ask, as a favor, will not the fortunate "Graduate Nurse" give her less fortunate sister, a rest? Fraternally yours,

NON-GRADUATE NURSE NO. 2.

&

#### **"The Venom Clamours of a Jealous Woman Poisons More Deadly Than a Mad Dog's Tooth"**

DEAR EDITOR: For years it has been the work of noble women to try to suppress "Yellow journalism." Nurses are to-day classed as "the noblest of women." But what claim have nurses to nobility who conduct or read a magazine that attacks publicly the personal life of the president of an organization for which said magazine is, or was until very recently, an organ. In the press we expect such things, and cannot suppress them. Women who are in the "public eye," are always more or less criticised—but in a magazine which claims to be devoted to the development and elevation of nurses to a higher standard it should find no place. An editor has the power to suppress such articles, but in this case seems to be looking for them. A magazine devoted to societies has recently printed several articles criticising Dr. McGee and the nurses who went to Japan. Answers in defense have been sent to this publication, but there has not been space to print them, so we are relying on THE TRAINED NURSE for this courtesy.

A magazine editor who strikes a public blow at a person thousands of miles away and will not permit any one to strike back in her defense shows the meanest kind of cowardism. Dr. McGee, as referred to in the first article, may care for "the glory," but to attack her family life is the gravest insult and the affairs of no one. How the jealous one suffers is plainly read between the lines.

If the publication in question is so overcrowded with articles for publication, it can elevate its standard by cutting out its yellow sheet. A SPANISH-AMERICAN WAR NURSE.

(Continued on page 344)

# The Hospital Review

**The Sixth Conference** of the Association of Hospital Superintendents of the United States and Canada was held at Atlantic City, N. J., September 21 to 23, 1904, in Hotel Rudolph.

The sessions were opened with prayer by the Rev. Dr. Mitchel, in the assembly room of the Hotel Rudolph at 10 A. M., September 21. Mayor Stooey, of Atlantic City, made the address of welcome, which was responded to by Mr. Daniel D. Test, the president and superintendent of the Pennsylvania Hospital, Philadelphia, who also made the annual address, which was of unusual interest and excellence. This was followed by the report on the revision of the constitution.

At the afternoon session, called at 2 P. M., three papers were presented: "The Physician as Hospital Superintendent," by Dr. J. C. Bidle, chairman, superintendent of the State Hospital for the Injured, Ashland, Pa. "The Layman as Hospital Superintendent," by Charles S. Howell, Esq., superintendent of Western Pennsylvania Hospital, Pittsburg, Pa. "The Purchase of Hospital Supplies," by Dr. H. B. Howard, superintendent of Massachusetts General Hospital, Boston, Mass.

One of the most important papers presented at the conference was that which opened the session of September 22: "Mental Wards in General Hospitals," by Dr. J. Montgomery Mosher, Albany Hospital, Albany, N. Y. This paper reviewed the history of the caring for the insane, told of what had been accomplished in Albany, and presented the question of the advisability and practicability of mental wards in connection with general hospitals, from different standpoints.

In the discussion which followed, and which was led by Dr. J. Henry Hurd, Johns Hopkins Hospital, Baltimore, Md., the following points were brought out. That there could be no question as to the vast amount of good such wards could accomplish. That the patient could by this means, in many cases, be treated and returned to his family cured without the odium which, unfortunately, at present is attached to the one who is sent to the hospital for the insane. It was thought that these patients could not be treated in the general wards, but that the wards should be separate, and, Dr.

Hurd believed, should be in charge of a man specially trained in this branch of medicine. Both physician and nurse must have more training in order to properly care for these patients; that the ordinary nurse was useless in this class of cases. Dr. Brush wished to call attention to the statements of several of the speakers who had referred to this class of patients as being noisy and excitable; he wished to say from a long experience, that this was a mistake, that a very small percentage were noisy. He believed that insanity should not be considered as a disease, but only as a symptom of disease.

It was thought desirable to have wards for the study of these cases in connection with medical colleges. One speaker called attention to the need of such wards in connection with hospitals in the small cities of the South, as at present suspected cases were taken to the common jail. Dr. Rowe and Dr. Howard, while believing in the usefulness of such wards, thought that there would be great difficulty in large city institutions in keeping out ordinary cases of drunkenness. Mr. Ludlam deplored the stigma which was attached to insanity, and thought that it was in great measure due to the holding to the term "asylum," and he hoped that in future institutions for the treatment of mental cases should be termed hospitals for mental diseases.

The next paper "Private Patients in General Hospitals," was presented by Dr. C. Irving Fisher, superintendent of Presbyterian Hospital, New York city. Dr. Fisher believes that in considering the question whether private patients are a benefit to the hospital, or not, something more than dollars and cents must be reckoned with. He believed that the indirect benefits are quite as important as the direct. He thinks that contact with the ordinary ward patient is not always beneficial to internes and nurses, and that the coming in contact with the private patient is of inestimable value to both. Besides this, the private patient frequently becomes the beneficiary. Dr. Ross believes that the care of the private patient should be put on a more business-like basis. That owing to the increase in supplies, food, etc., the hospital cannot afford to keep the private patient for the price formerly charged. Miss Banfield found that much of the trouble with private patients in

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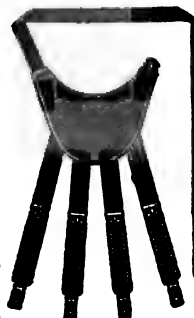
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SUPERINTENDENTS ATTENDING THE SIXTH ANNUAL CONFERENCE OF THE ASSOCIATION OF HOSPITAL SUPERINTENDENTS OF UNITED STATES AND CANADA. THE BUILDING, AT KANSAS CITY, MO., SEPTEMBER, 1907.

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the hospital came from a misrepresentation as to hospital conditions by the physician sending the patient. Mrs. Lawson stated that this was avoided at the General Memorial Hospital by a printed circular, which contained full and clear information, and which was presented to the patient when application was made. In the course of this discussion the question of charges for sick nurses who came to the hospital was brought up, and Dr. Rowe stated that at the City Hospital a discount of from 25 to 33 per cent. was made to nurses. He also stated that the nurses alumnae of the hospital had raised a fund of \$2,000 for the purpose of caring for sick nurses at that institution.

The afternoon session was devoted to the consideration of the "Heating and Ventilation of Hospitals." Dr. William O. Mann, superintendent of the Massachusetts Homœopathic Hospital, Boston, Mass., chairman. Papers were presented by Professor S. Hosmer Woodbridge, Institute of Technology, Boston, Mass., George I. Rockwood, M.E., Worcester, Mass., and a well-known sanitary expert, Philadelphia.

The annual banquet which took place Thursday evening, was a very brilliant social feature, and deserving of more space than we can give in this issue.

The "Question Session," which was in charge of Dr. G. H. M. Rowe, superintendent of Boston City Hospital, proved a most attractive feature of the conference. The questions were sent to Dr. Rowe in writing, and proved an "embarrassment of riches." From the vast number received, Dr. Rowe selected the following: "Are Nurses Worked too Hard"; "Should Hospitals Have a Rule in Regard to Compulsory Vaccination"; "Is There a Tendency to Too Much Theoretical Teaching to Nurses"; "What is the Best Method for Providing the Nurses' Midnight Lunch"; "Is a Hospital Liable for Burns Which Occur to a Patient After Operation"; "What is the Best Material for Hospital Floors"; "The Payment or Non-Payment System for Nurses in Training"; "Waste in Hospital Supplies." As most of these question bear upon the nurse, the discussion of them will be given in a future issue.

The closing session of the conference was devoted to the presentation of the following papers: "Hospital Accounts and Records," by James R. Lathrop, Esq., chairman, superintendent Roosevelt Hospital, New York city, and "Some Suggestions for Hospital Accounts,"

Herbert G. Stockwell, president Audit Appraisal Company of America, Philadelphia, Pa.

The next place of meeting will be in Boston, Mass., and the officers for 1904-1905 are: President, Dr. G. H. M. Rowe, City Hospital, Boston, Mass.; first vice-president, Dr. Charles O'Reilly, General Hospital, Toronto, Ont., Can.; second vice-president, Dr. Charles E. Ricker, City Hospital, Minneapolis, Minn.; third vice-president, Dr. C. R. Coddington, New Haven Hospital, New Haven, Conn.; Secretary, Mrs. A. M. Lawson, General Memorial Hospital, New York city; treasurer, Dr. R. O'Brien, General Hospital, Paterson, N. J.

✽

**At Des Moines, Iowa, August 15,** an association called The Iowa Methodist Hospital Guild was organized by the ladies of the various churches of the city, and an able address was given by Miss Aikens, superintendent of the hospital, outlining the work to be carried on, as a department of hospital work, which will be on the order of visiting nursing in the homes of the middle and poor classes of citizens, by the corps of nurses selected from the hospital to do such work. The Guild will also work for the support of the hospital in various ways.

Plans have been perfected for the opening and dedication of the new \$50,000 addition to the Methodist Hospital, Des Moines, Iowa, to take place Thanksgiving Day. The old building has also been overhauled and refitted, the electrical room fitted with a fine X-Ray outfit and germ incubator for laboratory. The capacity will be increased to 125 beds by the addition. A model hospital ambulance has also been purchased and added with the new equipment, and the nurses also have been remembered with a new piano for their parlor.

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**Brattleborough, Vt.,** a city of six thousand inhabitants, has a new hospital, which was ready for occupancy October 1. A training school for nurses is to be connected with it.

Buildings and grounds cost seventy-five thousand dollars (\$75,000), this sum being accrued interest from the Thompson estate (in Massachusetts), which was left in trust for this purpose some years ago. Eight thousand dollars (\$8,000) interest from this estate is the means with which the hospital is to be conducted.

Three one thousand dollar gifts or a total of three thousand dollars has been donated during the past month.



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# Book Reviews

*Diseases of the Nose, Throat and Ear and Their Accessory Cavities.* By Seth Scott Bishop, M.D., D.C.L., LL.D., Author of "The Ear and its Diseases; Honorary President of the Faculty and Professor of Diseases of the Nose, Throat and Ear in the Illinois Medical College; Professor in the Chicago Post-Graduate Medical School and Hospital; Surgeon to the Post-Graduate Hospital and to the Illinois Hospital; Consulting Surgeon to the Mary Thompson Hospital, to the Illinois Masonic Orphans' Home and to the Silver Cross Hospital of Joliet, etc. Third edition. Thoroughly revised, rearranged and enlarged. Illustrated with 94 colored lithographs and 230 additional illustrations. 564 pages, royal octavo. Price, extra cloth, \$4.00 net. Sheep or half-Russia, \$5.00 net.

This work was designed, first, to help students in preparing for their degree; second, for those progressive practitioners who wish to acquire the proficiency necessary to properly treat those patients who are unable to reach specialists; and, third, for those who are gradually exchanging their general practice for special work in these branches.

It is assumed that the reader of this book has a fair understanding of anatomy, or possesses such a book of reference, so little space is devoted to the anatomy of the various organs, but most of the pages are devoted to diseases and their treatment. The latest developments concerning diphtheria, the blood serum therapy, the medical and surgical management of mastoid diseases, the related diseases of the eye and nose, the most successful treatment of hay fever, the improved compressed air instruments, vaporizing apparatus, inhalents, etc., are given special prominence, and in discussing these subjects, the author not only presents his own views, but quotes the experiences of the most eminent authorities and the leading medical literature of the United States and Europe.

The first edition of this work was very quickly exhausted, and the second edition was sold in an equally short time. In this new third edition, we find much recasting of the previous matter and the introduction of new. Another chapter, and many new articles and illustrations have been added. A number of the subjects have been partly or wholly re-written, amplified and illustrated. Recent discoveries and many helpful quotations to current literature have been added.

This work should be in every hospital and training school library, as a book of reference. Much of the matter contained therein has a distinct bearing upon the care of the patient, as well as the disease itself, and it is presented in such a clear, practical, readable style, that it comes within the understanding of the student and nurse. In fact, the author tells us that he has "not hesitated to sacrifice the euphony of diction to the utility of concise information."

✽

*The Ophthalmic Patient.* A manual of therapeutics and nursing in eye disease. By Percy Fridenberg, M.D., Ophthalmic Surgeon to the Randall's Island and Infant Hospitals; Assistant Surgeon New York Ear and Eye Infirmary. Profusely illustrated. Price \$1.50.

This book is intended to serve as a practical guide to physicians, students and nurses who lack special training in the care of ophthalmic cases, as well as to supplement the invaluable routine of the ward and the training school with theoretical instruction. The author has thought it advisable to lay more stress on actual nursing, and to treat of the topics of pathology, symptomatology and diagnosis only in so far as it is necessary to elucidate his own theme, for this little volume is in no way a treatise on diseases of the eye.

✽

*Ophthalmic Nursing.* By Sydney Stephenson, M.B., C.M., F.R.C.S.E.; Ophthalmic Surgeon to the Evelina Hospital, the North-Eastern Hospital for Children and Queen Charlotte's Hospital; Visiting Surgeon to the Ophthalmic School, Hanwell, W. Second edition; with 62 illustrations. Price \$1.50.

This volume is the outcome of instruction given to the nurses at the Ophthalmic School, Hanwell, W., England. In the second edition the author has made the alterations necessary to bring the text up to date, especially as regards the new drugs and modern methods of sterilization.

✽

In a lecture before the Alumnae Association, of the Orange Training School for Nurses, on "A Nurse's Work as Applied to Diseases of the Eye and Ear," Dr. Linn Emerson says: "It is manifestly impossible for me to in any measure cover the field of nursing in these special branches

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in a paper of such brevity. Fortunately there are text-books available which cover the ground very thoroughly. The ones I can recommend with unstinted praise are "The Ophthalmic Patient," by Dr. Friedenberg, which is an ideal volume, not only for the nurse, but for the hospital interne, and even the skilled specialist. To the nurse in general training "Ophthalmic Nursing," by Stephenson, contains all, and more than would ordinarily be required of her.

*How to Cook for the Sick and Convalescent.* Arranged for the physicians', trained nurse, and home use by Helena V. Sachse. Second edition, revised and enlarged. Price \$1.00.

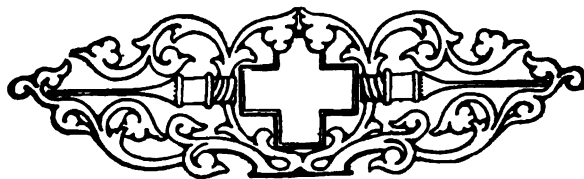
Besides adding seventy recipes to those contained in the first edition, the author, with the assistance of several prominent physicians, has given a complete classification of the recipes (or food formulas) contained in this volume from which to choose when arranging diet lists for general and specific purposes. The author states that this volume aims to place the preparation of food on an accurate basis, just as medicine prescribed by the physician is prepared by skilled hands from standard formulas.


*A. B. C. of Cookery for Invalids.* By Aline Kiddle. Price 50 cents. This little volume is intended for a handy reference book, and contains, besides numerous recipes, an introductory chapter on "Some Hints on Foods," and an appendix of "Simple Remedies."

This will be found a very useful book to form part of the nurse's outfit, for its size makes it convenient for carrying in the bag.

*The Doctor's Recreation Series.* Vol. II. Charles Wells Moulton, General editor.

The expectations aroused by "The Doctor's Leisure Hour" is fully realized in the second volume of this unique series now before us. In this volume the editor has selected a number of stories to which he has given the suggestive title, "The Doctor's Red Lamp." In this series are grouped a number of those short stories which have gained a soft spot in the doctors' heart. Among them are: "The Surgeon's Miracle," "The Doctors of Hoyland," "Doctor Santos," "A Doctor of the Old School," "Dr. Barrere," "On the India Frontier," "A Will and a Way," "Doctor Greenfield," "The Coming of the Ship," "A Gentle Menace," as well as many others. In addition to Joseph Kirkland, Conan Doyle, Gustave Morales, Ian Maclaren, Margaret Oliphant, Margaret Sutton Briscoe, Henry Seton Merriman, Lady Mabel Howard, Maud Wilde Goodwin, and George Edger Montgomery. We notice the names of such well-known authors as Lucy S. Furman, E. M. Davy, Ambrose Bierce, Ruth McEnery Stuart, G. M. McCrie, Hon. Elinor Eden, Butler Monroe, A. G. Bradley and R. H. Sessions. From the pen of these, as well as some others, short stories are reproduced with the idea of illustrating some episode in the doctor's daily life. The selection is most pleasing, and fulfils the object most strikingly. The illustrations include "The Village Doctor," from the painting by H. Kretzschmer; "A Spoonful Every Hour," from the painting by Ph. Fleischer; "Vaccinating the Baby," from the painting by Ed. Hamman; and "A Violent Fall," from the painting by Adolf Echtler.





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## Miscellaneous

(Too Late for Proper Classification)

### Our Nurses in Japan

DEAR EDITOR: Permit me space to defend the Spanish-American War Nurse who went to Japan. An article copied from the *Press*, appeared in the September number of one of our nursing magazines, which, while it may be in a sense true, the pages of a nursing magazine seems hardly the place for such criticism. It is, to say the least, a great breach of professional etiquette, and displays a jealous spirit on the part of some one. For a journal devoted to nurses and the interests of nursing to attack a body of its own co-workers, certainly lowers its standard very much, the sarcastic tone of the article may be permissible in the *Press*, but certainly should have no place in the pages of a nursing journal.

ONE OF THE PROFESSION.

✧

### Lebanon Hospital A. A.

The regular monthly meeting of the Alumnae of Lebanon Hospital Training School for nurses of New York city, was held at the hospital on Tuesday, October 11. The meeting was largely attended. After the usual business was transacted, a pleasant social hour was spent, in which refreshments were served.

MARY DALTON, Sec.

✧

### St. Mary's Hospital Nurses

The first six nurses to receive diplomas from the newly established training school of St. Mary's Hospital, Philadelphia, Pa., are: Hannah M. Whitehead, Anna M. Kelly, Margaret McCann, Margaret Bradel, Agnes McNulty and Anna Dever.

Private exercises were conducted, and Sister M. Xavier, Superioress, presented the diplomas and Miss Frances J. Lundy, chief nurse, the gold medals. Miss Lundy graduated from St. Agnes' Hospital in June, 1901, and was appointed chief nurse to St. Mary's Hospital. She immediately started to organize a training school, and opened the same on October 24, 1901, with six pupil nurses and five sisters. At present there are eighteen pupil nurses in the hospital, and twenty-two sisters.

The course comprises three years, with general surgical, medical and obstetrical work. A special course of dietetics is provided for the nurses at the Drexel Institute, while a special course in

massage was established one year after organizing the training school, under the supervision of the Pennsylvania Orthopedic Institute and School of Mechano-Therapy (Inc.)

The hospital has 125 beds and is under the management of the Sisters of St. Francis, with Dr. J. V. Kelly as medical director. The board of the institution includes some of the most prominent physicians in Philadelphia.

The energetic chief nurse is highly to be complimented upon her excellent work and progressive ideas.

✧

### Married

Mrs. Mary Higginson Alburger announces the marriage of her niece, Anna Higginson Elwell to Mr. George Lincoln Johnson, on the evening of October 4, the Rev. William L. S. Murry officiating. The marriage took place in Wilmington, Del. Mrs. Johnson is a member of the Alumnae Association of the Philadelphia Lying-in Charity Hospital.

Married, on September 28, at Buffalo, N. Y., Miss Julia H. Eismann, of Buffalo, N. Y., to Mr. Carl E. H. Ebendick, Ph.G., of New York. The bride is a graduate nurse of the City Hospital, Memphis, Tenn., and post-graduate of the New York Polyclinic. Mr. Ebendick is the chief druggist of the New York Polyclinic Medical School and Hospital. The young couple will reside at College Point, Long Island.

Miss Elizabeth Martin was married to Capt. Alfred M. Hunter, Artillery Corps, United States Army, on Wednesday, October 19th, at New York City. At home after November 15th, Fort Moultrie, South Carolina. Mrs. Hunter is a graduate of St. Vincent's Training School for Nurses, New York, Class of 1899.

✧

### Personal

Miss Nicoline Hedburg, who has been matron of the Eleanor Moore Hospital, at Boone, Iowa, for the past three years, resigned on September 1 to take effect October 1. Miss Hedburg is now resting at Green Bay, Wis., and does not expect to resume the practise of her profession until the new year.

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Pulmonary tuberculosis, especially that following unresolved pneumonia, can always be greatly benefited and very often cleared up by the continuous use of Antiphlogistine, changed every twenty to thirty-six hours, for a period of weeks or months.

An immediate alleviation of symptoms, however, may be expected. The cough will become less distressing, the chills often disappear, while the pulse, evening temperature and general condition will be much improved.

These gratifying results can be largely ascribed to the vaso-motor stimulation of Antiphlogistine upon those vessels within and adjacent to the affected lung tissue. This stimulation increases the ability of the vessels to absorb and remove the interstitial fluid accumulation and convey nourishment to the debilitated cells through re-established circulation.

For Tubercular Pleurisy the application of Antiphlogistine is the ideal treatment for relief or to prevent recurrent attacks.

**DIRECTIONS.**—Spread the Antiphlogistine, as hot as can be comfortably borne, upon the skin over the affected lung and cover with cotton and a cheese-cloth jacket similar to the dressing used in pneumonia. Always heat in the original container by placing in hot water. Needless exposure to the air or water impairs its usefulness.

To insure economy and the best results always order a full package and specify the size required—Small, Medium, Large or Hospital Size.

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**THE DENVER CHEMICAL MFG. CO.**

(INCORPORATED IN 1893)

**NEW YORK**

# Practical Points

## The Finger-Nails and Illness

The nail of a person in good health grows at the rate of about 1-16th of an inch each week—slightly more than many authorities believe—but during illness or after an accident or during hours of mental depression this growth is not only affected and retarded so far as its length is concerned, but also as regards its thickness.

The very slightest illness will thus leave an indelible mark on the nails, which may be readily detected as the nail grows out. If one has a sudden attack, such as acute rheumatism, which sends the temperature bounding upward to 104 to 105, within the space of three or four hours, it will be found on the nails, indicating the difference in thickness of growth between the time when health was enjoyed and the thin growth of the ill period.

If the illness is one that comes on gradually, like typhoid fever, for example, instead of a ridge, a gentle incline will appear on the nails.

Should one have an arm broken, the thick ridge can be seen only on the fingers of the one hand, but in all cases of general sickness the ridge or slope appears on the fingers of both hands. When one has passed through a period of extreme excitement or mental depression, the fact will be imprinted on the nails, either with an abrupt ridge or a gentle slope, according to the acuteness of the mental influence.

In no instance can the marks of illness, accident or mental condition be clearly seen on the nail until after the growth has carried the line beyond the white or half moon portion of it, but a week or two subsequent to any of these things the ridge or slope may be found on the nails, usually readily visible to the eyes, but if not, the mark may be found by running the tip of the finger down any of the nails. —From the St. Louis *Globe-Democrat*.



## Errors in the Use of Rubber Gloves

H. D. Collins says the consensus of opinion is that rubber gloves are essential to aseptic surgery, but some serious errors are made in using them. They are worn because the hands cannot with certainty be sterilized, and yet the surgeon will take hold of and manipulate the glove with

his bare hands in putting it on, thus contaminating it and defeating its purpose. Gloves should be made of pure rubber and should be sterilized by boiling. The more important points in the technic of sterilizing and putting on rubber gloves, as suggested by Collins, are: A wide-mouthed bottle filled with pulverized starch and provided with a piece of gauze tied over the mouth in a single layer, is with several towels and two pairs of long dressing forceps sterilized in a live steam sterilizer. The gloves are then turned wrong side out, placed in a wire cage and submerged in clean water in the ordinary instrument boiler. The gloves are allowed to boil for from five to ten minutes, and are then taken from the cage and allowed to drain hastily. With the sterile forceps the gloves are placed on one of the sterile towels spread out flat and another sterile towel laid over them. The upper towel is then turned back and the gloves dried, both back and palm, thoroughly dusted with the sterile starch from the bottle. They are now turned right side out with the forceps, and they are not touched outside with the naked hands, sterile gauze being used to handle them.—*Medical News*.



## Treatment of Erysipelas

N. G., in the *Philadelphia Medical Journal*, suggests this procedure in the treatment of erysipelas, which, in spite of the author's initials, is very good:

"The affected area is first inclosed in a painted ring of tincture of iodine. The ring is not to be started at the margin of the reddened area, but from two to three inches from it, and a sufficient number of coats should be applied to cause a slight desquamation of the upper layers of the skin. At the same time the whole surface inclosed in the ring is to be covered with an ointment of ichthyol, about one dram to one or two ounces of vaseline. This is covered with a piece of gauze, and a hot stupe applied, and changed about every four hours. At the end of twelve hours the ichthyol ointment is washed off and a fresh coat applied, and if the iodine has not had sufficient effect, one or two more coats are applied."—*Pediatrics*.



The best substitute for, or adjuvant to, the MOTHER'S MILK

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## MILK FOOD "No. 1"

For infants from birth to three months of age.

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For infants between the ages of three and six months.

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For children of six months and upwards.

## The "Allenburys" Milk Food No. 1

is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast without fear of upsetting the young infant.

The "Series" is so arranged that each "Food" affords the maximum amount of nourishment which, at the period for which it is intended, the organs of the child can with perfect ease digest.

Evidence of the great value of our system of infant feeding is constantly accumulating through letters received from nearly all parts of the world, not only from parents, but also from prominent members of the medical profession, telling of the very gratifying results attending their use of the "Allenburys" Foods, often in cases apparently hopeless, and after many other artificial foods and modified milk had been tried.

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Delightful After Bathing  
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A positive relief for Chapped Hands, Chafing and all Afflictions of the Skin. Removes all Odor of Perspiration.

GET MENNEN'S—the only genuine with a National reputation as a perfect Toilet Requisite. "A little higher in price but a reason for it." The inventor's portrait on box cover is a guarantee of absolute purity.

Approved by the Medical Profession and Trained Nurses for the use of Infants and Adults. Refuse all other Powders which are liable to do harm. Avoid harmful imitations.

SOLD EVERYWHERE, OR MAILED FOR 25 CENTS. (SAMPLE FREE.)

GERHARD MENNEN CHEMICAL CO., Newark, N. J.

# New Remedies and Appliances

## This is for You

Just at this season of the year we are especially called upon to consider the advantages to be found in Glyco-Thymoline for the treatment of acute catarrhal diseases of the nose and throat.

Coryza, naso-pharyngitis, tonsillitis and laryngitis are now most common. After exposure to cold or damp chill the mucous membrane, with its delicate cell structure and fine capillary network, takes on a turgid appearance. The minute blood vessels or capillaries become congested and their function practically suspended. The glandular secretions are altered; instead of excreting a bland, non-irritating mucus, we have present an acid discharge, most irritating in type.

What special advantages has Glyco-Thymoline here?

When applied warm in a 25 per cent. solution, Glyco-Thymoline gives a soothing sensation to the inflamed membrane, due to its anæsthetic or anodyne properties.

Glyco-Thymoline quickly dissolves all accumulations of thick ropy mucus, crust formations, etc.

Glyco-Thymoline, in a 25 per cent. solution, being approximately of the same alkalinity and specific gravity as blood serum, causes by its exosmotic action (the passage outwardly through the tissues of normal secretions and products of inflammation) a rapid depletion of the engorged tissue, thus aiding nature after her own manner in restoring capillary circulation; normal glandular action and fostering cell nourishment which soon brings about a general normal condition to the membrane.

As can be seen in their advertisement, the proprietors, Kress and Owen Company, are making a special offer to all trained nurses which should not be overlooked.

## Powder Burns

"Boy 15, face burned to complete crisp, with miraculous escape of eyes, by four ounces of powder becoming accidentally ignited. I applied Unguentine and kept him thoroughly greased with same. Complete recovery within five days without vestige of a scar."

H. SCHOENFIELD, M.D., Trenton, Ohio.

"I have cured with Unguentine a bad case of powder burn of the face and eyes in four days. In other burns it is equally satisfactory. It is the best healing agent I have ever used in my 25 years' practice."

J. M. CARTWRIGHT, M.D., Hatfield, Ark.

## Glyco-Heroin (Smith)

In addition to the general physical advantages and high therapeutic value of Glyco-Heroin (Smith), as observed in the many authors who have investigated this remedy, special attention is called to the remarkably prompt results always following its administration.

Besides the exceptional alleviative and curative properties in the treatment of coughs, bronchitis, pneumonia, etc., this property of immediate results is one of its distinguishing qualities, as there is less drugging, a shorter course of treatment and the gratification of the quickest convalescence and cure.

Unlike many preparations offered to the medical profession, with every indifference regarding the necessity of clinical experiments, Glyco-Heroin (Smith) has had its therapeutic value well defined and established by both clinical and scientific investigations.

## Celerina

Celerina and aletris cordial rio, equal parts, teaspoonful every four hours, is a most efficient remedy for amenorrhea.

## A Calmative and Nerve Tonic

For nervous irritability and insomnia, accompanying the menopause, Daniel's Conct. Tinct. Passiflora Incarnata should be administered in teaspoonful doses, every hour, gradually lengthening the intervals as the nervousness is controlled. Its action is especially gratifying with neurasthenic patients. It relieves neuralgia and gives results where other calmatives are powerless.

Several cases recently reported of hysteria and sleeplessness in patients of all ages, due to dissipation, overwork and other causes, indicate that the practitioners are obtaining splendid cures



**DO YOU  
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young as well as the  
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**B**EGINNING the 15th of  
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## Short Course in Massage

to the trained nurses of the  
Presbyterian Hospital,  
Chicago. There will also be  
places for a few outside grad-  
uates who desire to partici-  
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from *Passiflora*, and dwell with emphasis on the fact that no bad after-effects are encountered.

*Passiflora* gives quietude and refreshing sleep, and may be employed with assurance in all affections of the nervous system.

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#### Horlick's Milk

When on a vacation trip this summer, fishing, hunting, camping or traveling, a package of Horlick's Malted Milk Lunch Tablets should be found among your effects. A supply sufficient for a day's outing is conveniently carried in the pocket, and a few tablets dissolved in the mouth from time to time are an unfailing source of satisfaction and recuperation in emergencies.

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#### Sanmetto

I have used Sanmetto quite extensively as a genito-urinary tonic in chronic atonic conditions of the genito-urinary organs resulting from chronic specific urethritis, and have met with most excellent results.

WILL F. SCHULTZ, M.D., Covington, Ky.

~

ST. LOUIS, Mo., July 4, 1904.

MESSRS. A. M. HELLMAN & CO., St. Louis, Mo.

Gentlemen—I can conscientiously say that Kudros deserves all and more than has been claimed for it—a wonderful stimulant, restorative and reconstructive, and should have the front rank as one of the safest and most reliable therapeutic agents of the day.

Kudros finds its physiological destination with certainty and celerity, and it is to this function that it can be relied on as having no equal as a true and effective osmotic; thus clearly demonstrating Kudros activity in speedily and happily correcting poor assimilation, defective nutrition and faulty metabolism, for which the medical profession have so long been ardently in pursuit.

Kudros as a menstruum, or vehicle for the administration of distasteful or nauseating medicines is *just the thing*. Very respectfully,

E. CHANCELLOR, M.D.

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#### Tuberculosis

In early cases of tuberculosis, Fellows' Hypophosphites, with appropriate climatic change, cures permanently a large proportion of cases. In late cases, associated with septic infection, destruction of lung tissue, and distressing symptoms, no remedy can compare in its effects with Fellows' Hypophosphites. The flagging powers are stimulated and nature endowed with stamina to resist the exhaustion; the patient suffers less

and in most instances enjoys a condition of comparative comfort. All of these facts are the plain unvarnished truth gleaned from thirty years' experience of the most eminent physicians of the world, who have found Fellows' Hypophosphites a true tonic, nutritive and reconstructive, that may be relied upon in many and diverse conditions.

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#### Pepto-Mangan (Gude)

To invigorate, to rekindle nervous force, to revitalize all functions, and thereby bring about a condition of systemic vigor, of which blood enrichment is necessarily a feature, the addition of Manganese with Iron is desirable. In Pepto-Mangan, Iron and Manganese was first brought to the attention of the profession by Dr. Gude, chemist, and this preparation is found to be one of the best therapeutic resources of the present day physician, and when combined with such other remedies as meet the indication, such as we have spoken of, forms at once a therapeutic arsenal whose fortress is impregnable.

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#### The Gastro-Enteric Demur

The Gastro-enteric demur should be listened to; the digestive protest should not be ignored. The over-burdened alimentary canal often needs assistance.

Lactopeptide Tablets relieve the qualms of indigestion, overcome gastric embarrassment due to dietetic indiscretions and prevent and dispel borborygmal flatulence and "after dinner" distention.

Dose: Two to four after each meal.

THE NEW YORK PHARMACAL ASSOCIATION,  
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#### Our Endowment Plan

Our endowment plan returns a man's accumulated earnings to him just at a time in his life when he needs money—when his energies are waning. It is a good, wholesome, practical plan, and easy on the policy-holder. Read "The How and the Why"—free booklet.

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~

#### Antiphlogistine

Bruises, sprains and abrasions consequent upon tennis, golf, mountain climbing and other outdoor sports are prevalent at this season. Infected wounds are frequent and disabling. Country life also brings the results of contact with poison-ivy, poison-oak and the various venomous insects



## HIGHLAND BRAND EVAPORATED CREAM

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# FOOD for INFANTS



**F**ROM our Model Dairy Farms we obtain MILK OF THE HIGHEST QUALITY, sterilize it and evaporate it down to a cream-like consistency. Our special treatment of the casein, while being heated, makes it more easy of digestion and more readily assimilated than raw milk.

Intricate formulæ and complicated modifications are not necessary, but

### Clean Milk is Absolutely Essential in Infant Feeding

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with their characteristic weapons of offense. In all these cases the physician's first thought should be Antiphlogistine. It reduces inflammation of all sorts better and more quickly than any other application, while for poisoned wounds and dermatitis venenata it is almost a specific.

~

#### Cactina

We may summarize that the action of the cactina in therapeutic doses is to increase the musculo-motor energy of the heart, elevate the arterial tension with a corresponding increase in the height and force of the pulse wave, and to elevate the general nervous tone by stimulating the motor centres in the cord.

Cactina is indicated, then, whenever we need a powerful cardiac tonic stimulant.

My experience with Cactina has been such that I put more faith in it for functional disturbances than any other remedy that I have tried. JOHN L. HATCH, B.S., M.D., New York.

~

#### Acetozone

The experiments of Novy and Freer (*Contributions to Medical Research*, p. 114) with benzoyl-acetyl-peroxide (Acetozone) showed that this substance is extremely germicidal to the organisms found in the alimentary canal. Its administration to rabbits resulted in the "practical sterilization of the contents of the stomach." In several experiments with these animals "the intestinal tract apart from the cecal pouch, was found to be sterile." Neither bouillon tubes nor agar showed growths, though the controls gave abundant cultures. Other experiments showed that enzymes and toxins are also destroyed or rendered inert by Acetozone. Further study demonstrated not only the remarkable germicidal power of Acetozone, but also the fact that its aqueous solutions may be given internally, and even injected intravenously, without harm. From these data we infer that this substance ranks among the most powerful germicidal agents, while it exerts no harmful effect upon the human organism, and may, therefore, be employed as a therapeutic agent in the treatment of summer diarrhoea and other infectious enteric diseases with the best effect.

~

#### Resinol

Last summer while out for my annual vacation, I came across a case of a badly poisoned wound upon the back of a rancher's hand, which the local medicos did not treat with satisfactory results. The sore from a slight abrasion of the

skin upon the back of the man's hand into which the dust from the grain in the harvest field had entered, covered the entire surface, and caused much suffering. I at once recommended Resinol and upon my return to business purchased and forwarded to the sufferer two large jars. The cure was speedily performed and another friend was made for your capital preparation."

Dr. E. C. LANCASTER, Oakland, Cal.

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#### Why?

Are you purchasing your hospital bedsteads from The Hartford Bedstead Company? It is our policy to sell the very best that can be manufactured. We have yet to receive a complaint on our hospital bedsteads from any of the hundreds of hospitals that we have supplied. Why? Because we give the best value for the price that is paid. No one complains when they receive good value for amount expended. Let us please you.

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#### Treatment of Decubitus

It is advisable to resort to that form of gentle massage which the French call *effleurage*. The parts more likely to be affected are sprinkled with Tyree's Antiseptic Powder; the nurse or attendant then gently rubs the skin in a circular way; the powder penetrates the pores of the skin, acting as an ideal invigorator of the sluggish circulation. If the trouble is more advanced the following ointment produces the best results:

Axonge, 1 ounce.

Tyree's Antiseptic Powder, 1 drachm.

Useless to say that the points of pressure should be relieved at once by proper pads, or better yet, by air cushions; the position changed as often as can be done without impairing the patient's rest and comfort. Sheets should be daily changed, dejecta carefully removed, and absolute cleanliness maintained. The main point, however, is to wash the exposed surface with an aseptic and astringent solution of Tyree's Antiseptic Powder in the proportion indicated above.—DR. M. E. CHARTIER, of the Faculté de Paris, France.

~

#### Empyroform

In an article dealing with some of the newer remedies, Dr. F. Bering, First Assistant in Professor von Düring's Royal University Dermatological Clinic, at Kiel, says the following concerning Empyroform:

"Empyroform, a condensation product of tar and formalin manufactured by Schering, of Berlin, is a remedy calculated to displace all the other

# GASTRIC IRRITABILITY



In inflammatory, ulcerated and disturbed conditions in general of the gastric membrane, Physicians will find

## Burnham's Clam Bouillon

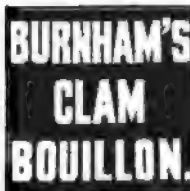
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an acceptable and soothing nutrient. It gives the greatest amount of food energy with the least labor for the digestive organs. It is soothing to an irritated stomach when other foods cannot be tolerated. Owing to the process of manufacture the product is partially predigested and thoroughly sterilized. The rapidity with which it is absorbed gives the stomach walls a longer period of rest than can be secured through the use of ordinary nutrient agents.

It has been known and prescribed for years by many prominent Physicians. It presents an appetizing appearance and a tempting odor. It is a decided change from the ordinary delicacies for the sickroom. It is enthusiastically welcomed, as the average layman knows the value of the juice of the clam as a beverage, as strengthening and tonic in its effect, both to the stomach and the nervous system. An especially attractive

feature about **BURNHAM'S CLAM BOUILLON** consists in the fact that it is bottled in glass, without any preservative whatever, being sold in pints and half pints. This assures not only cleanliness and convenience in the serving, but perfect purity and freshness while using in the sickroom. All the leading apothecaries and grocers sell it.

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## It Stands the Test



The smallest actual fact is better than the most magnificent statements of impossibilities. Tyree's Antiseptic Powder promises no more than it really does.

## Tyree's Antiseptic Powder!

WAR DEPARTMENT, Surgeon General's Office.

Washington, D. C., January 3, 1890.

This is to certify that the exact Antiseptic strength of Tyree's Pulv. Antiseptic Comp. is one part of the Powder to fifty of water (1:50). Test-tubes containing peptonized beef broth were charged with the powder (Tyree's Antiseptic Powder.) The solutions were then inoculated with the Anthrax Bacillus and with the Staphylococci of Pus and the tubes placed in the incubator for 48 hours at a temperature of 30 deg. C. On removing the tubes from the incubator, it was found that in the solution of one in ten, to one in fifty, there was no development of bacteria.

W. M. GRAY, M. D.,

Microscopist Army Medical Museum.

Two ounces of this remarkable preparation sent free to any **ethical** nurse with the following reprints:

Reprints:—1. "Some Obstetrical and Gynecological Treasures of the Army Medical Museum;" 2. "A report on the Antiseptic Treatment of Surgical Cases at an Emergency Hospital Clinic;" 3. "Rational Treatment of Cholera Infantum and Kindred Diseases;" 4. Clinical Lines on Prickly Heat and Kindred Affections of the Skin;" 5. Treatment of Acute and Ordinary Decubitus;" "Dental Antisepsis."

**J. S. TYREE, Chemist, WASHINGTON, D. C.**

tar preparations. It can be employed even in comparatively recent and still oozing eczemas, and we have also used it in the very troublesome and obstinate infantile forms of the disease.

"After the most acute stage of the eczema has passed under the influence of the usual desiccating remedies, we regularly employ Empyroform salve. We always obtained the very best results and saw no deleterious effects, even in cases where other preparations were entirely useless. Our results were entirely in accord with those obtained in Neisser's Clinic.

"The effect of the salve was striking in a number of cases of scrofulous eczema of the face that had withstood every other variety of local treatment."

#### Membranous Complications

Under the above heading we find the following by Walter M. Fleming, A.M., M.D., New York city, in a recent number of *The Medical Era*: "With all the experience of more than a quarter of a century, in the treatment of winter-cough, and its complications of laryngeal, bronchial and pulmonary irritability, also dyspnoea, asthmatic spasms, and finally whooping cough—usually the most persistent and tenacious of all of these membranous maladies—I find no one remedy more strongly indicated, or which yields more prompt and satisfactory results than Antikamnia and Codeine Tablets."

#### N. O. A.

The many friends of the Nurses' Outfitting Association in New York, will be surprised to learn that its old headquarters are to know it no longer, and that on November 1 the association will move into the "Home Bureau" House, at 52 West 39th Street.

We understand that the policy of the Nurses' Outfitting Association is to be changed, and that no made-to-order garments are to be prepared. Steadily and surely the demand for ready-to-wear garments has increased, and now the Nurses' Outfitting Association will devote all its energies to the manufacture of all the styles and sizes of dresses, etc., suitable to nurses of all tastes and ideas. This department is to be very much enlarged. We are sure that the Nurses' Outfitting Association will be very successful in its new quarters. The Home Bureau is a beautiful and "go-ahead" abode, where vast numbers of nurses congregate daily.

#### Strawbridge & Clothier

We call the attention of the nurses to our advertisement this month. Does it pay to make your uniforms and aprons or have them made when you can buy them of good material and well made? We will furnish estimates on all kinds of outfits for hospitals and to nurses in private work as well, and can give you the best value at a most reasonable price. Write for information, which will be cheerfully given. For address, see advertisement.

#### A Line on Lignol

Lignol Soap, as far as care and the use of proper materials can make it, is an ideal soap.

For toilet purposes it is unsurpassed, and is used as any other soap. Its medicinal properties render it invaluable to both healthy and diseased skins, and for eczema and kindred diseases it is particularly soothing and healing. Wash thoroughly in warm or hot water with Lignol Soap, dry the skin, then moisten the soap and rub on the affected parts, permitting same to dry. Use frequently.

Lignol Soap is the only true antiseptic soap manufactured, and aside from its medicinal properties in the cure of skin diseases is invaluable as a general toilet soap. Lathers freely in shaving and shampooing. Cures dandruff and stimulates the hair. Charming for the bath, and cures offensive perspiration on the body.

#### Bottle Hot Bag

One of the newest and most helpful as well as necessary and indispensable inventions is advertised this month. The Bottle Hot Bag is designed to keep food warm for baby while traveling and at night, also to keep poultices and dressings that require frequent changing hot during the night, and at times when it is not convenient to get them heated easily. Towels, bandages, etc., can be thoroughly heated in two or three minutes, and kept hot as long as required. It will never be necessary for the nurse to use any cold dressings around her patient, if she has one of these bags, and many needless steps can be saved by carrying one in her outfit. She should recommend them to every family, as they are invaluable in the sick room and can be used in place of a hot water bag, if necessary. See advertisement for cost and other information.



# ON NOVEMBER FIRST THE NURSES' OUTFITTING ASSOCIATION

Will move into its new headquarters, at The "Home Bureau" House  
52 WEST THIRTY-NINTH STREET, NEW YORK  
where visitors will be heartily welcomed

There is in preparation, a completely *new stock*, to make room for which, we are almost giving away the following, at

## SPECIAL SALE PRICES

"880" Uniforms, of material "50".....	} at 20 per cent. reduction
"812" " " " " "1," "2," or "4,".....	
"879" Surgical Gowns (of 40 skirt length).....	
Laundered or Soiled "880" Uniforms of "50".....	at \$2.25 each
Soiled Cotton Shirt Waists.....	at \$1.25 "
Sample Fancy Waists.....	at \$3.50 "

Thousands of yards of white shrunken materials will be sold by the yard or piece at less than cost:

Nos. 51, 54, 56, 100.....	at 18c. per yard	No. 80 (linen).....	at 32c. per yard
" 58 (pk).....	" 20c. "	" 81 ".....	" 34c. "
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**ENCYCLOPEDIA CHART**, 34 x 46; lithographed; seven colors; 5,000 questions answered. Linen, enameled stock, mounted. Express prepaid, \$5.00.

**ANATOMICAL AID**, 11 x 15; ten colors; mannikin of all parts. Lock and key, \$12.50; 18 x 28, life size, \$27.50.

**SEXUAL ANATOMY**, 11 x 15; over twenty views; ten colors. Lock and key, \$5.00.

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# LISTER'S TOWELS A Sanitary Necessity for Women



Lister's Towels are a combination of the best absorbent cotton and cellulose sheets, encased in specially prepared gauze.

Lister's Towels may be fastened to any pattern belt and cost less than the washing of an ordinary towel.

Lister's Towels are  
**Light, Hygienic, Comfortable**

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## The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in  
Private Practice and in the Hospitals of the Country

Conducted by

ANNETTE SUMNER-ROSE

NEW YORK :

LAKESIDE PUBLISHING COMPANY  
PUBLISHERS

(Published Monthly.)

NEW YORK OFFICE—Metropolitan Building.

BOSTON OFFICE—With Old Corner Book Store,  
27 Bromfield Street.

### THE TRAINED NURSE

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Annual Subscription, post-paid	- - - -	\$2.00
Single Copies	- - - -	.20

Entered as second-class matter at the New York Post Office,  
March 14th, 1901.

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### Books You Need

Have you given the attention it deserves to our Book Review Department during the last six months?

Many new and valuable books have been added to the literature of your profession, and new editions of old books have come out, which have served to bring nursing classics, so to speak, up to date.

Among the most important works we wish to mention, "A Manual of Fever Nursing," by Reynold Webb Wilcox, price \$1.00, reviewed in the June number.

A new edition of "Obstetric and Gynecologic Nursing," by Edward P. David, M.D., price \$1.75, was reviewed in the August number. In this number we also reviewed "The Four Epochs of Woman's Life," by Anna Galbraith, M.D., price \$1.50.

In the September number we reviewed several most excellent works, among them "Consumption: a Curable and Preventable Disease," by Lawrence M. Flick, M.D., price \$1.00; "The Mother's Manual," by Emelyn Lincoln Coolidge, M.D., price \$1.00; "Manual of Materia Medica and Pharmacy," by E. Stanton Muir, Ph.G., V. M.D., price \$2.00.

The October number likewise contain some noteworthy reviews. Two in particular, namely, the review of the new edition of Miss Stoney's "Materia Medica," price \$1.50 net, and the new edition of Dr. Kellogg's "Art of Massage," price \$2.25, are of particular importance to nurses.

This number contains reviews of two books which every nurse engaged in ophthalmic nursing should possess, namely, "The Ophthalmic Patient," by Percy Fridenberg, M.D., price \$1.50, and "Ophthalmic Nursing," by Sidney Stephenson, M.B., C.M., F.R.C.S.E., price \$1.50.

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### We Want Photographs

Of anything which would be of interest to readers of THE TRAINED NURSE. No doubt many of our subscribers have cameras and have taken photos of many scenes which would please our readers, or possess interesting views taken by professional photographers. As it is getting near Christmas we also desire a few pictures of Christmas scenes in hospitals, nurses' homes, etc.

# The Trained Nurse and Hospital Review

Vol. XXXIII

NEW YORK, DECEMBER, 1904

No. 6

## A Nurse's Trip Through America's Wonderland

Margaret Hughes

**Y**ELLOWSTONE Park, the wonderland of America, is visited by thousands of people every year, and those who have not seen it have read much about it and admired many views, but their idea even then is vague. The National Park is that to which the human imagination cannot reach out, it requires a personal visit to be appreciated. One has said that painter's brush cannot portray its grandeur of coloring, for to those who had not visited the Park those paintings would appear as grossest exaggerations or daubs of color, while those who had beheld the natural wonders would exclaim: "How dare the artist thus withhold his colors!"

If the park with its hot springs, geysers, canyons, rivers, mountain and lakes appeals thus to the deepest fibres of the natures of those accustomed by travel to the great scenic wonders of our world, can one conceive the feelings it would stir within the heart of one, who for the greater part of the year is shut in by four walls, tending the sick and suffering.

It is as though the soul had burst its confines and entered Paradise.

At least that is how it seemed to me, when, after an unusually hard year's work, I found time for a trip through Yellowstone Park.

As the Park is situated in the northwest corner of Wyoming, it was but a short trip from Helena to Gardiner, a small town at the

edge of the Park and the terminus of the Park Branch Railroad.

Six-horse tally-ho coaches met us at Gardiner and conveyed us to the hotel at Mammoth Hot Springs. After lunch, accompanied by a guide, our party went out on its first tour of sightseeing. The hot springs and vividly colored terraces occupy several acres.

Liberty Cap is the cone of an extinct hot spring; it is fifty-two feet high and twenty feet in diameter at its base. Looking westward from here one commands a good view of Hotel and Fort Yellowstone. Guards from this post are sent throughout the Park to protect it from vandalism, poachers and fires.

Minerva Terrace is a mass of deposit forty feet in height and three fourths of an acre in area. There is a hot spring on its summit twenty feet in diameter, the temperature of which is 154° F. at its edge. Who has not seen articles of iron, glass or other hard substance coated with a crystal-like white deposit from this spring? The deposit forms about one sixteenth of an inch in four days.

Many other points of interest were visited such as Angel and Jupiter Terraces, Orange Geyser, Bath Lake and the Devil's Kitchen.

Complementary to the Helena party, Thomas's famous orchestra accompanied us through the Park, and good music and dancing were enjoyed every evening at the hotels.

As twenty-five pounds is the limit of baggage allowed each person, it is not necessary to say they were not full dress balls. They were simple, homelike gatherings, in short skirts and shirt waists.

After an early breakfast next morning we were assigned to our coaches. There being one hundred and fifty in our party it took fourteen coaches to carry us.

During the first three miles of the journey we gained an elevation of one thousand feet and came to the strange wild region known as the "Hoodoos." About one square is occupied by boulders, which resemble shattered mountains. In the midst of the Hoodoos the road makes an abrupt turn and passes through Silver Gate, which is formed of blocks of limestone seventy-five feet in height.

Another mile and we come to the wonderful Golden Gate.

The Golden Gate is a rugged mountain pass, and the construction of the roadway and viaduct through it, about one mile in length, was a most difficult and expensive piece of engineering. Rocky walls, covered by a yellow mass arise two to three hundred feet above the roadway, and hence the name—Golden Gate.

Near the ten-mile post we stopped and had a most refreshing drink of apollinaris water from a spring by the roadside.

Two miles farther on we came to Obsidian Cliff, which is a mass of volcanic glass, jet black in color, and two hundred and fifty feet in height. As the sun's rays strike its surface it presents a most dazzling appearance.

Our party had lunch at the Norris Hotel, and then accompanied by a guide, started on foot to tour the Norris Geyser Basin. The chief attractions being Constant, Black Growler, Monarch, Emerald Pool and Twentieth Century.

The Constant or Minute Man has an eruption every sixty seconds; jets of water are thrown forty feet in the air.

When we reached the lower end of the basin the coaches were awaiting us. We passed Gibbon Cascades and through Gibbon Canyon, and after following the banks of the Firehole River for some distance we reached the Fountain Hotel in time for dinner. The Fountain Hotel is literally surrounded by geysers and hot springs.

After dinner we went down to see the Mammoth Paint Pots. The main basin is forty by sixty feet, and its contents consist of a whitish mortar-like substance, reminding one by its constant boiling of a huge pot of mush.

Twilight was falling and we moved a few rods farther west in order to await the playing of the Fountain Geyser by moonlight. We stood about this boiling chasm for more than half an hour. From underground there came ominous growls and roars. Finally, our patience was rewarded. With a terrible burst of noise the whole boiling angry mass shot upward twenty or thirty feet, while fountain-like jets were thrown thirty or forty feet higher. It was an astonishing, a marvelous sight.

The next day was spent amidst the wonders of Midway and Upper Geyser Basins. Many and beautiful are the hot springs and geysers of these regions, such as Excelsior, Prismatic Lake, Bee Hive, Giantess, Lion, Lioness and Cubs, Grotto, Punch Bowl, Castle, Morning Glory Spring, Biscuit Basin and Old Faithful.

Kipling said: "Of these, some rumbled, some hissed, some went off spasmodically, and others lay dead still in sheets of sapphire and beryl."

At the Upper Geyser Basin I met a party of friends who were camping through the Park, and accepted their invitation to spend the night with them. Two sister nurses were in this party. We went fishing and had fresh mountain trout for our evening meal, after which we saddled the horses and rode some distance to see the eruption of the Lone Star



LIBERTY CAP

Geyser by moonlight. When we returned to camp we sat about a glorious log fire and told stories, sang and enjoyed some music. After the camp fire was extinguished and we were snuggled under many comforts and blankets, for the nights even in August are cold in the

Park, we heard a rattle of dishes and some suspicious grunts and sniffs and we knew that Bruin was making a tour of inspection of our camp. I found camp life novel and enjoyable. The next morning I again joined the Helena party in the coaches.



MINUTE MAN GEYSER

Reaching the Continental Divide we were 8,350 feet above sea level and within sight of Lake Yellowstone.

Many took the steamer at the "Thumb" Bay Lunch station and reached Lake View Hotel in advance of those who remained in the coaches and took the ride of nineteen miles around the lake.

The lake comprises an area of about one hundred and fifty square miles. It affords excellent sport in boating and fishing.

would advise," added the speaker, "that Chicago ladies come and wade in this water." "And I would suggest," quickly retorted a Chicago girl, "that some Western men stand in it on their heads."

Mud Volcano was the most attractive feature of this day's journey. As we stood fascinated, yet repulsed, gazing in the crater of this boiling, belching mass of lead-colored mud, and heard the dull, muffled sounds underground, one lady exclaimed:



AT APOLLINARIS SPRING

Early next morning we left Lake View and took the road to Grand Canyon Hotel. The hotels throughout the Park are modern and give excellent service.

When passing Alum River an old gentleman in the party said:

"I have heard a story of the wonderful shrinking properties of the waters of this river. It is said among the early explorers, a man driving four great horses to a prairie schooner forded this stream. When he reached the opposite bank he had four Shetland ponies and a basket phaeton. Now, I

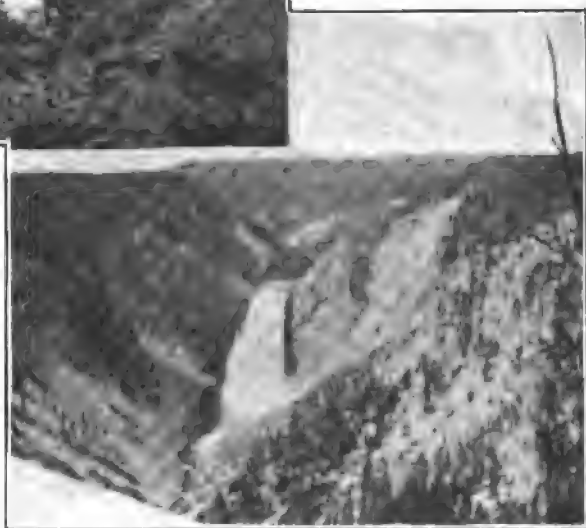
"Were his Satanical Majesty to appear, horns, pitchfork and all, and begin raking us in, I would not be astonished!"

She voiced our sentiments, we seemed perilously near the infernal regions.

That evening, after reaching the Grand Canyon Hotel we had time before twilight fell to visit the Upper Falls of the Yellowstone River, but the Lower Falls and the Grand Canyon could not be seen until next day. Early next morning we started out to behold these, the culmination, the climax of all the wonders of wonderland.



RAPIDS ABOVE  
THE FALLS



THE FALLS OF THE  
YELLOWSTONE RIVER

Doctor Hoyt has thus described them:

"The shelf of rock over which the Lower Falls leap is absolutely smooth. The water seems to wait a moment on its verge; then it passes, with a single bound, 360 feet into the gorge below. But your eyes are all the while distracted from the fall itself, great and beautiful as it is, to its marvelous setting; to the surprising, overmastering canyon into which the river leaps, and through which it flows, dwindling to but a foamy ribbon there in its appalling depths.

"Those rocky walls, twelve to fifteen hun-

dred feet in depth are not gray and hoary. They are a flood of color, as though rainbows had fallen out of the sky and hung themselves there like glorious banners; or as though the most glorious sunsets you ever saw were caught and held upon that resplendent, awful gorge."

There was a hush, a stillness crept into our souls. It was as though the scales of mortality had dropped from our eyes, and we saw things invisible to the natural eye. It was as though we stood in the very presence of Nature's God.

## Trained Nursing\*

Nathan Jacobson, M.D.

Professor Clinical Surgery, College of Medicine Syracuse University, Surgeon to St. Joseph's Hospital. Consulting Surgeon to the Syracuse Hospital for Women and Children

**T**HERE is no calling which to-day attracts a larger number of young women that trained nursing. Possibly, this is because it appeals to their sentiment. However, many who have thought themselves called, soon find that they have misunderstood the nature of the call. Poetry gives way to prose as they are brought to a realizing sense of the exacting nature of the vocation. In the fixed routine of hospital life there are many exactions, but you will now learn that the demands of general practice are of an altogether different type. The new responsibility may at times seem hard to bear.

Your diploma is a guaranty that you have pursued the required course. It gives assurance to the public that you have acquired the requisite knowledge to assume the obligations of your profession.

You have become acquainted with the course of many diseases and the complications they may present. You have been instructed as to their danger signals. But, withal, the field of medicine must have impressed you with its vastness and you must have realized that your course of study was not one calculated to make of you a physician.

You have been taught the line of treatment certain manifestations demand, but not with the idea that you are to direct it, except in an extreme emergency. You have been taught watchfulness, and close observation, to the end that you may become keen observers.

Nearly twenty centuries ago, Plutarch wrote that the life of the vestal virgin was divided into three parts. During the first period she acquired a knowledge of her duties; during the second she practised

them; and in the third taught them. So you have now completed the first period of your career, and are prepared to go out into the world to give evidence of the fruitfulness of the lessons which you have received. Few, if any, of you will ever actually teach the art of nursing to pupils; yet every household you enter will be in a sense a school where you may impart instruction as to the care of the sick.

The nurse is the helpmate of the doctor. Your art has become the right arm of medicine. Much is to be entrusted to you, and much depends upon its skillful and conscientious performance.

You have been taught that many diseases are self-limited; that no medicine can shorten their course; that, for example, typhoid fever and pneumonia each cover a fixed period until the germs of the respective diseases perish, and the poisons emanating therefrom have spent their fury. For a long period in the history of medicine, that which followed the administration of a drug, in a given case, was often assumed to be the result of its administration. Too many medicines have been called remedies. By no means have they deserved this designation. In the treatment of acute sickness, as well as in surgical emergencies, a great deal depends upon the nursing. To the watchful care of the nurse, and her intelligent administration of the directions of the medical attendant, will be largely due the happy termination of the case.

Let no outside cares or pleasures absorb your thoughts nor yet divide your attention when on duty. Should you not give yourself up entirely to the task assigned, you will soon perform your work in a most perfunctory manner; will become superficial, and will

\* Address to Graduating Class of Syracuse Hospital for Women and Children, 1904.



sacrifice the confidence which should be reposed in you. Take out of your work the inspiration for its thorough performance, and your efforts will be deprived of that spirit and energy which marks the earnest worker in any field, and without which you can never attain a high rank in your profession.

There is a new obligation which you must now assume. Heretofore, you may have never fully realized the confidential nature of your vocation. It is particularly one of trust. Not only must the physician depend upon you for the thorough performance of your task, but for the time being you become a member of each family to which you are called. You are not supposed to hear nor see aught but that which pertains to the sick room. Too often the family skeleton will be exposed to your view. But let me impress upon you that it is not for you to so carefully inspect it as to know that it presents a callous marking the site of previous fracture or that it may possess a dislocation still unreduced. You will find work enough to do in looking after your patient. Give evidence of your far-sightedness by seeing that only which pertains to the sick room.

To perform your duty is to meet in the fullest sense the obligations resting upon you. In its performance you are to be kind and considerate, thoughtful of the comfort of the patient, and gentle in all your ministrations. Yet you must not let your sympathy imperil your usefulness. There is no doubt but that the atmosphere of the sick room, especially in times of great trials, is most depressing. But even though you may feel sad at heart, it is just at such times that you must wear the mask of cheerfulness, and bring comfort and strength by words of encouragement.

In the management of the patient the quality with which you will unquestionably accomplish most, is tact. In its display the nurse manifests her individuality. It is not a quality which can be imparted in the training school,

but each of us is able by self education to acquire it to a high degree. You may be most skillful in your art; you may be aseptic to a fault; you may know how to prepare the room of the patient and the dressings perfectly; you may be able to assist at an operation faultlessly; you may know how to prepare the daintiest and most appetizing morsels; in a word, you may meet the professional requirements of a case in its every detail; but, if you rub your patient the wrong way, it all counts for naught.

The event of sickness disarranges the household and very often completely alters the patient's disposition. He may become irritable and difficult to manage. Suffering may make him peevish, or some of the chemical poisons engendered by infection may disturb his mental equilibrium. You may be unable to decide whether his irascibility is a disease manifestation or pure cussedness; but whatever may be its cause, your tact will have to meet the situation. You must control not only the patient but the family, and let me assure you that to accomplish the latter will prove oftentimes the most difficult portion of the contract you have assumed. You must learn to have your own way without seeming to enforce it; to apparently yield, and possibly to do so in some trivial way where you are certain that no harm can result, yet all the time be carrying out the instructions you have received.

Nothing is more distressing than to be placed in charge of some of the hopeless conditions which we are compelled to treat. The doctor and the nurse are aware of their utter helplessness. The best that can be done is to smooth the pathway to the grave. Here the utmost gentleness will be required in the administration of your attentions. Patients even in these extreme conditions are to receive the same considerate care as though you were certain that what you were doing promised the greatest degree of help. Nothing is so cutting as the heartlessness that I have seen

shown by nurses to the incurably sick. I trust that none of you will ever be guilty of such an act.

Very frequently we hear the statement made by those whose means are limited, that they are unable to employ a nurse because they cannot furnish her certain comforts. In some way these people have formed the opinion that the nurse is to be received as a visitor whom they must entertain. It should be one of your fixed purposes to dispel such an impression. You should teach the people whose homes are modest and whose ability to compensate you is not great, that you are workers; that no service the sick room requires will be too menial for you. Your work may be doubled in such homes, but you will display your greatest ability as a nurse in your adaptability to the situations which may surround you. To do your full duty to the poor requires a display of breadth of character which every true nurse possesses.

It is unnecessary for me to remind you of your obligations to the medical attendant. You are to be loyal to him. You are not to question his instructions. His method of treatment may not be the one which you have been taught. No two physicians will be apt to treat any case exactly alike. Your responsibility ends with carrying out to the letter what the medical attendant has required of you. Never compare one doctor's treatment with that of another. The nurse who antagonizes the physician soon learns that her period of usefulness will be brief. Every nurse needs the support of the medical profession and every physician requires the co-operation of the nurse. In this union there is strength.

Impressed with the importance of your profession and desirous of elevating its standard, the State has now undertaken to guard the admission thereto. Henceforth, there will be no opportunity for the inefficient, the uneducated and the pretenders to seek like recognition with the qualified. The entrance con-

ditions which the State will impose you will each of you, no doubt, be able to meet. The title of registered nurse will then be bestowed and you may be as proud of your R. N. as the young medical graduate is of his M.D.

In your calling, as in every other vocation, there is a constant demand for those possessing superior ability. Great care has been observed in the selection of those to be received as pupil nurses into this hospital. An effort has been made to admit only such as possess the necessary qualifications; who have enjoyed the advantages of a good preliminary education; who give evidence of such qualities as indicate that they can grasp in all of its breadth and usefulness the splendid opportunities afforded them, and can appreciate the serious responsibilities which they are about to assume. In no vocation is a good education and refinement of character so helpful as in that of a nurse. She has not only to meet the exacting requirements of her profession, but in doing private duty she becomes a companion to the sick. She must be at home with the educated and cultured. During the period of convalescence much will be demanded of her by patients of this class to help pass the tedious hours. She should, therefore, seek to be well informed, not only as to matters of current interest, but should be a student of literature as well.

Nothing so promptly stamps the nurse as being uneducated as does faulty spelling on her record sheet. Originality in thought and act is the essential character of true genius. But when originality finds expression in orthography, the innovations are not calculated to win much applause. There are a few things in which styles do not change, and of this number spelling is most emphatically one. The nurse should particularly cultivate the art of reading, as it will prove of great service to her during the period of recuperation of her patient.

The nobility and glory of a profession is in exact proportion to the sacrifices it entails.

While the daily duties of a nurse demand but little sacrifice, comparatively speaking, yet there are hours of long devotion which render the service an exhausting one. A vigorous constitution is required. During your career at the hospital there has been a systematic arrangement of your hours of labor and rest. When you assume private duty, however, you will find that this regularity cannot always be observed. But aside from this, there may be times in your life when your professional obligations will impel you to deeds of real heroism. The path to glory is a dangerous one. The infectious diseases which you may be called upon to nurse, each in their turn will expose you to a degree of danger.

We read of acts of chivalry, of deeds of great valor, in the soldier. History devotes pages to this record of military heroism. But "peace hath her victories no less renowned than war." Not so long ago our newspapers presented glowing accounts of the self-sacrifice and the rare heroism of two nurses at Smith Infirmary, New Brighton, Staten Island. A thirteen-year-old girl named Margaret Ferrie had been operated upon for appendicitis. Shortly after the performance of the operation she developed smallpox. She was too sick to be moved at once to North Brother Island, where the infectious hospital is located, and consequently was placed in a tent meagerly furnished and poorly heated by a stove. It was cold and stormy, and the wind blew such a gale that it was impossible to maintain a fire. The tent was in part destroyed. The two nurses in charge attempted in every way to keep the little patient warm with covering, but to no avail. The child shivered with cold. As a last resort both nurses deliberately got into bed with the child, one lying on either side of her, and kept her warm in this way through the stormy night with their own body heat. When morning came, they found themselves rewarded by an improved condition of the little patient, who from that time went on to

recovery. The names of the nurses, as was right, were withheld from the newspapers, who were informed, on asking for the details, that the nurses had simply done their duty.

It seems to me opportune at this time to refer briefly to the period which marks the beginning of trained nursing. Not until 1873 was there anywhere in the United States a training school for nurses. In that year three were opened: One in New York city, at Bellevue Hospital, one in New Haven, Conn. (the Connecticut School for Nurses), and the third in Boston at the Massachusetts General Hospital. At that time the present surgical methods were unknown. No one knew the nature of infection. Not a single disease germ had been isolated. Bacteriology, upon which rests our present conception of all forms of infectious diseases, was an unborn science. Surgical procedures were entirely different from what they are to-day. A compound fracture, for example, was placed in a box containing wheat bran, into which the discharges found their way. No wound could be closed where a ligature was used; for the thought of making ligatures aseptic had not occurred to any one. You could tell how many blood-vessels had been tied during an operation by the number of threads which hung out of the wound.

Abdominal operations were comparatively uncommon. Upon the removal of tumors from this cavity, their stumps were seared with a hot iron, or were fixed to the abdominal wall by some mechanical contrivance. We looked for pus in every case where an operation was performed, and if it proved to be yellow in color, and creamy in consistence, it was described as being "laudable." The surgeon who finds pus following a clean operation to-day hardly feels like regarding it as a praiseworthy occurrence. It can be readily understood that hospital methods and hospital nursing were entirely different in those days than they are now.

But even then hospital care was vastly

superior to what it had been in former days. The grotesque pictures painted by Dickens were not altogether caricatures. Sairy Gamp and Betsy Prigg were by no means creations of the imagination. Dr. Lionel S. Beale, in an address delivered thirty years ago, told of the conditions in many of the London hospitals. Nurses had been put to work without any previous training. Many of them could neither read nor write. They had been recruited from the lower ranks. The women to whom night service was entrusted were for the most part overworked and almost destitute charwomen. During the day they had earned by hard labor possibly eighteen pence. Drunkenness was not uncommon amongst them, and after a hard day's toil they would enter upon their work in the hospitals and pretend to look after the sick in the wards for the night, in order to get a supper and earn an extra shilling.

It required a woman God-sent to revolutionize the condition of things. To Florence Nightingale more than to any one else can be attributed the tremendous change. True, there had been training schools in Germany prior to her time. The first was established by a Protestant clergyman in the little German town of Kaiserwerth in 1822. Its original purpose was to furnish a refuge for unfortunate women. However, nurses were trained there, and it was to this institution that Florence Nightingale went in 1849. She was then twenty-six years of age, the daughter of cultured parents, who had given her a splendid training in the classics and mathematics, in science and the arts. She was proficient also in modern languages. Frequent visits to hospitals had acquainted her with the existing condition of things. Pastor Fliedner sought to discourage her because of her frail physique. She was compelled to perform many menial duties, but these were done cheerfully. After six months training she returned to England and assumed charge of a sanitarium which had

been created for invalid and infirm governesses. In the course of fifteen months she had placed it upon a firm basis, and furnished it with an intelligent corps of nurses. Ill health compelled her to abandon work for a time. In 1854, Mr. Sidney Herbert, England's Secretary of War, solicited her services for the Crimean War. For the first time in the history of the world, a band of women organized themselves into a corps of nurses to do work upon the battlefield. She took with her forty-two women, many of them of high social standing, moved purely by the spirit of philanthropy, and fifty others soon followed. Two days after her arrival in Scutari, 600 wounded soldiers were sent her from the battlefield, and three weeks later there were 3,000 sick and wounded under her care.

Within six weeks there were 10,000 patients in the hospitals on the Bosphorus. With rare executive ability and in a short time she made her hospitals models of thoroughness, all conforming to the same plan. Day after day she was compelled to work with but four hours rest, but she had ever a pleasant smile and a kind word; and so faithful was she in ministering to the sick at night, that she received the designation by the soldiers of "the lady of the lamp." For two years she remained in the east and in the end suffered from fever and was compelled to abandon work and return to England with her health permanently impaired.

The soldiers of the army by penny subscriptions wished to rear a monument to her, but she refused to have this done. Through her instrumentality, about the year 1860, a training school was opened in St. Thomas' Hospital, London, and from this time dates the change in the appreciation of the requirements for hospital nursing.

It is now generally conceded that nurses can no longer be classed in the same category with the poets, who are said to be born and not made. Of the nurse who boasts of her

rare experience and self-acquired practical knowledge, one might say as was said of the man who insisted that he was self-made, namely, that it relieved the Lord of a heap of responsibility. We could no more return to the methods in vogue in the hospitals thirty years ago than we would be willing to conduct our other affairs upon the lines pursued at that time. Washington Irving said that the most positive proof of the Indian's uncivilized state was that he had no wants. Truly, our growth is apparent in the number and character of our increasing demands. The pace which we set to-day is no longer that of three decades ago. Even the telegraph has ceased to satisfy our wants and by aid of the telephone a stage whisper can be heard half way across our continent. Just as electricity has created a new age, and shed a flood of light, so medical research has illumined many dark recesses and unfolded much that was hidden before. In like manner, the modern hospital is to-day so changed that were Rip Van Winkle, M.D., to awaken after a thirty years' sleep and find himself here, he would with difficulty recognize the character of the institution.

As Florence Nightingale made her personality felt in the Crimean War, even so did the trained nurses play a most important role in our recent war with Spain. During the period of peace which intervened between the Civil and Spanish Wars, such nursing as was done in our army and navy was performed by male nurses. When the war with Spain broke out it was found that their number was entirely inadequate. In April, 1898, the surgeon general was authorized by Congress to employ under contract such nurses as he might deem necessary. There was no restriction as to sex. At that time, it was thought that but few female nurses would be needed, and that their services would be limited to the general hospitals. However, the number of women applicants was so large that the force of the surgeon general's office

was entirely insufficient to examine into their qualifications. It was suggested that the National Society of the Daughters of the American Revolution take this matter in hand. Dr. Anita N. McGee, of Washington, one of the vice-president generals of this association, offered to supervise this work gratuitously. Her services were accepted. She was ultimately appointed an acting assistant surgeon of the army, and to her was assigned this division of labor. Great care was exercised in the selection of the nurses. By July 1, 1899, there had been over 6,000 applicants, of whom 1,363 had been accepted. In addition 250 Sisters of Charity volunteered their services. There was scarcely a training school in the country not represented on the list of nurses. Some of the nurses were engaged as dietists, to whom was assigned the task of teaching large classes of men in the hospital corps the preparation of various foods. The course consisted of fifteen lessons of one hour each. This instruction has proven so satisfactory that the course has been made a permanent one. Despite their trials and exposures the fatality among the graduate nurses was not large. But five succumbed. Of the 250 Catholic Sisters, five also died. With but two exceptions, all of the deaths were caused by typhoid fever.

On the glorious roll of honor is to be found the name of one of the graduates of this training school. As a fitting recognition of her devotion and sacrifice, a tablet has been placed on the walls of your hospital. Let it serve to perpetuate the memory of a noble woman who never feared danger in the discharge of duty.

It is evident that the field of labor of the trained nurse is broadening continually; that her services are being appreciated in times of peace as well as of war; that she is proving herself fearless in meeting all dangers to which she is exposed, with the same valor displayed by the sterner sex.

Surely, there is no more noble calling than the one to which you are to devote yourselves. Your trials will be many.

An English nurse, after suffering much in the service of a most exacting case, is said to have remarked that the patient's friends expected her to be a judicious blend of an angel, a horse, and a steam crane. I

trust that none of you will find the burden you have assumed greater than you can bear, and that each of you may reap a rich reward for the conscientious performance of those duties for which you have been prepared. May you lend dignity to your calling, and crown with glory the hospital which has given you your training.

## Economy and Diversity in Alms House Diet\*

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THE question of what foods constitute proper and sufficient nourishment is at all times of importance to the human family, and to no class is it of more interest than to the aged and infirm members of society who find their diversions and pleasures limited by age and its consequent feebleness, and to whom the three meals daily are social events, relieving monotony as well as hunger.

Where these aged and infirm are gathered into homes to be cared for in numbers, the problem of feeding them properly and satisfactorily becomes complicated by the frequent necessity for limiting expenses, both in the purchase of food materials and in their preparation. This is the most important phase of the problem whose solution occupies the greater part of the civilized world, where food is still the great fundamental and always recurring need, and where stated incomes must be stretched to maximum purchasing powers.

Before attempting to suggest diversity in diet for the class of people under discussion, it is well to determine what constitutes

economy in choice and administration of diet. Long experience has taught that with food, as with other essentials of this life, the cheapest may prove the dearest; that a good article improperly treated may yield poor results, and that the truest economy consists in selecting the food or other articles best suited to the actual needs of the case. We have all been aware of a doctrine which sometimes obtains in the administration of the care of the dependent that "this food" or "that treatment" is "good enough," considering the character of the beneficiary, *i. e.*, his dependent state. And we are all glad to see that public interest in dependent cases is bringing about the opinion that human life of itself is worth something, and if we are to maintain it in a dependent or semi-dependent state, it is worth while not only to keep alive the merest spark of this life, but to maintain it at its fullest efficiency by proper food, clothing, environment and exercise.

This pays, first of all, in the satisfaction to the beneficiary and to the benefactor; and, secondly, which is sometimes counted first,

\* Paper read at Annual Convention County Superintendents of the Poor. Patchogue, L. I., June 30th, 1904.

it pays in dollars and cents. Often it requires sad experiences in false economy to teach this last lesson.

Agreeing then that the almshouse inmate should be considered first as an elderly, probably infirm person; and, secondly, as a dependent person, and that our economical interests are best conserved by the selection of foods suited to the character of the almshouse inmate, it remains to be said: "What are the best foods for the purpose?"

An exhaustive discussion of this phase of the subject would be quite as impossible at this time and place as it would be unprofitable. For practical purposes the determining factors in the choice of food for the aged and infirm may be very briefly stated as *age* and *occupation*. While the majority of almshouses are called upon to care for dependents other than aged, these are generally feeble-minded, the characteristics of whose diet are not unlike those of the diet for the aged. The question of diet for almshouse hospitals is more properly discussed as hospital diet than as almshouse diet.

The average age of our almshouse inmates is, if I am not mistaken, above forty years. The period of physical growth is past and we need no longer supply material for it. Indeed such a diet would prove injurious, taxing the eliminative functions of the body too severely and bringing on rheumatism, gout and kindred ills. Certainly this would not pay from any standpoint, for the inflicted individual would suffer physical pain and be incapacitated to perform his quota of labor in the almshouse community, as well as incurring expense for his care and treatment in the almshouse hospital.

So we must eliminate from our almshouse dietary any excess of meats, beans, peas, and other muscle and bone-building foods, using them at but one meal each day. Where there are younger inmates, actively employed, it would be wise to give them these foods twice each day, but the one meal a day of

these foods furnishes the average inmate with all the material he can use for the repair of worn out bodily tissues. What he most needs is the fuel foods or the foods that will keep him warm, and yield him energy to do the work assigned to him. The foods which may be so classed are: First, the sugars, cane sugar used in sweetening coffee and tea—and fruit sugars, found in sweet, fresh fruits; and in dried fruits, as prunes, raisins, dates, etc. Secondly, he needs the fats and oils afforded by butter, milk, eggs, meats, cereals and nuts. And thirdly, he needs the starches as found in bread, potatoes, rice, wheaten grits, etc.

In addition to these, he should have the fresh fruits and vegetables to furnish salts and acids which will keep the blood pure and the disposition sweet; preventing scurvy and also the deposits of bone-forming material which cause one form of rheumatism. For this last purpose onions and cranberries are both particularly good, the market generally supplying one or the other the year round. The craving for a dash of vinegar with cabbage, and with beans, is often met among these old people, and is the natural demand to serve this very purpose. It would be better and cheaper to satisfy it by allowing vinegar upon the table at meals when the coarse and stronger flavored foods are served, than to bring the inmates to a rheumatic state by a disregard of diet, and so compel the physician to set their teeth on edge by ordering lemons.

Now that we have determined the general character of the almshouse diet, we may conscientiously set about reconciling it with our means for purchasing. By careful calculation we find that certain food materials varying widely in price, yield equally good results from the standpoint of nutrition. For instance, four ounces of salt codfish, dried, or three ounces of oatmeal each contain more muscle-building material than twice their weight of beef and cost less than a third as

much. Two ounces of dried beans are equal to eight ounces of beef and costs about one-sixth as much. By studying food values and costs in this comparative fashion, we find that we can devise dietaries costing six, eight or ten cents per diem, yet containing as much nourishment as materials costing five or six times as much, and at any rate abundant nourishment for the needs of these particular cases.

Probably none of us has found difficulty, practically, in selecting food, if the purchasing means were forthcoming, for it is with limitation of purchasing means that come limitations in choice of food. Very likely our real difficulty began in the effort to make the inexpensive foods present a varied and attractive aspect, for "what pleases the palate, nourishes," and "the palate is the janitor, and unless he is conciliated, the most nutritious food will find no welcome."

Should your management afford that subtle blessing—a good cook—then are you most happy of all Superintendents of the Poor! Or if among your almshouse inmates you have some man or woman who has been a good cook in his or her day, and has not lost that art, you, too, are to be congratulated. Failing these, if you know something about the science and art of cookery yourself and are so enabled to direct the work of unskilled hands, though your lot be hard, there is a promise of good fare for your charges, for skillful handling only will make interesting the common articles of food purchased at moderate cost, and even then it is necessary to serve everything with the "best of sauces—hunger."

Not only should each article be well and properly cooked, but the cook must command a considerable range of seasonings and a variety of modes of preparation. Soup which daily contains all the condiments, vegetables and remnants of meats which the house affords, may easily become tiresome, while the same soup foundation could be

made very attractive by adding to it carrot and onion one day, barley and cabbage the next, macaroni the next, and so on, giving variety with no increase of cost. The "plain boiled" flavor of meats and soups may be varied by browning a part of the meat or meat and bones in the steam roasters or ovens before using it for stewing or boiling, and the flour for thickening the stew may be browned, thus imparting to the entire dish the richness of flavor peculiar to roasted meats. If your almshouse family is large and you must purchase meats by the side or carcass, a little good management will enable you to save a sufficient weight of roasting pieces from consecutive deliveries of meats to make it possible to serve an occasional dinner of roast meats and vary the monotony of boiled and stewed meats.

Again, many a piece of meat that would be dry and tasteless when carelessly cooked will be juicy and well flavored when rolled with a dressing of bread crumbs, onions and dried herbs. A food chopper enables you to add greatly to the variety of the dishes, and makes possible many kinds of "hash," all of them good.

I quite appreciate that the suggestions made may not be of value to all of you, for almshouse conditions are various, and I do not doubt that there are many where all the tricks of lending variety to plain food are not only known, but practiced to the entire satisfaction of the almshouse family. Rather than enumerate such methods, and the list is endless, I would emphasize the principle of observing only such economies as are worth while, for often it is not possible to make use of stray bits of material without an added expense of fresh material to be incorporated, or without fuel and labor.

Among the economies in large institutions, that of using bread left in the dining-rooms because of poor teeth, or want of teeth, in the inmates, is of as serious importance as any, for the quantities are large and the possible



waste enormous. The first step toward dealing with this situation is to be sure the remnants of bread are handled and kept in a cleanly manner, clean sugar barrels with covers being good for the purpose in large institutions. It may then be taken to the kitchen to serve a variety of purposes, dried or broken into soup one day, passed through the chopping mill with dried apples and mixed with molasses, spice and hot water for a pudding another day; made into porridge for supper, instead of some cereal, on another day; made into a dressing for meats another day; and chopped with remnants of meat for a scalloped dish another day. These are but a few of the possibilities of left over bread, but they are such that bread need never be wasted and they require but little material added to the bread to make it useful, though they involve some labor. The same principle, of course, applies equally well to the small institutions.

Generally a bread pudding which requires milk, eggs and sugar is out of the question as a regular article of diet, but the pudding described as made with dried fruit can be made delicious in flavor and is very cheap.

In such ways one may actually economize, that is, prevent waste and secure variety, always taking into account, of course, fuel and labor as well as material. The ideal almshouse diet would, I believe, be diversified in the economical manner intimated, but further, by the addition of the products of the almshouse garden, dairy, hennery, field and orchard. In fact, I cannot imagine the truly satisfactory dietary, the one which satisfies the superintendent and dietarian of the almshouse, as well as the inmates, without these additions. And this is an excellent argument for the almshouse farm, or the farm adjunct to the almshouse, for only this condition makes possible the most wholesome life and most varied diet. There the inmates may find in the great variety of duties essential to the conduct of dairy, poul-

try yard, garden, etc., surely some work suited to the ability and tastes of each, in the execution of which he could very nearly pay his way, at the same time contributing to the otherwise plain fare a variety generally prohibited by expense.

As to whether or not cakes, pies, puddings and similar dishes should take a regular place in the bill of fare, we must each determine in his own case. Such things are not among the essentials and the inmates may be well fed without them. However, sweets in some form are essential in the diet of the aged, and if labor is cheap in your community, occasional dishes of this type will give more pleasure than they cause harm. Tea and coffee are probably as useful in this dietary as they ever are in any, affording some stimulation at the time of life it is most needed, and also sparing tissue. The question of amounts per capita of the various foods has not been touched as it must vary somewhat with the conditions of service of food.

In summing up the argument and collecting its somewhat scattered threads, we believe that certain principles must govern the administration of the diet in almshouses, rather than hard and fast rules which might apply in but few cases. Common sense must go hand in hand with economy if attempts at economy are not to prove costly in the long run. Some one who understands food values and can compare the costs of foods upon that basis, should have some oversight of the diet, directly or indirectly. At all times, food materials, utensils, fuel and brains are required for good results, and lacking any of these we can hardly hope to achieve the best. A study of such works as "The Science of Nutrition," by Edward Atkinson, and "Sanitary and Economic Cooking," the Lomb prize essay by Mrs. Mary Hinman Abel, would be of practical value to those in charge of almshouse dietaries.

# The Post Operative Treatment of Patients Operated Upon Abdominally

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CONTINUED FROM NOVEMBER.

*Hemorrhage.*—Post-operative hemorrhage, fortunately, is a relatively rare occurrence nowadays. This is due to our improved methods of hemostasis or means of firmly controlling bleeding. Instances of this condition do sometimes develop, and you should, therefore, be able to reasonably diagnose it and, furthermore, differentiate it from conditions presenting similar phenomena, particularly shock, for you will observe when we consider the treatment of these conditions, that the methods successfully employed in the treatment of shock would be entirely contraindicated in the early treatment of hemorrhage. Post-operative hemorrhage may result from the presence of a large raw surface left as a result of separating adhesions, from the failure of the surgeon to catch and secure all bleeding points, and from slipping of ligatures. Bleeding following abdominal section into the peritoneal cavity is called internal hemorrhage or concealed hemorrhage. If the bleeding is extremely severe, the patient may die in a very short time. It is stated that the loss of four to six pounds of blood, one-half of the total volume, will cause death. Women, as has long been taught, can withstand a greater loss of blood than men. However, if the bleeding be moderate but progressive, sooner or later the patient will be seized with fainting spells or attacks of syncope. During this stage nature tries to stop bleeding by forming clots in the bleeding vessel, because during these periods the circulation becomes feeble and coagulability is increased; therefore, predisposing to clot formation. If the bleeding continues and is severe, the patient becomes extremely restless and tosses to and

fro in bed. The skin becomes extremely pale, with a greenish tinge. The mucous membranes are almost white, the skin is cold and covered with clammy perspiration. The pulse is small, rapid and thready, and may become almost imperceptible. Respirations are rapid and labored; the patient complains of extreme thirst. The eyes are fixed and staring, the pupils are dilated, the cornea becomes dry and glazed. The heart action becomes rocky and uncertain. If the blood were examined at this stage, the hemoglobin would be found reduced. The red cells would be somewhat decreased and the white cells increased. If drainage is present blood may escape through the drain. In some cases a mass may be palpated. The temperature will be normal, or more frequently, subnormal. After a short time, if the patient survives, the temperature will become somewhat elevated. This is due to the absorption of certain elements of the blood, particularly the fibrin ferment, and from the irritation to the peritoneum.

Fortunately, with modern methods of hemostasis this calamity hardly ever occurs. If it does, however, the surgeon is wholly, as a rule, to blame. You can understand, therefore, his duty in relation to controlling hemorrhage during the operation. I have now endeavored to present a picture of the condition in order that you may be able to early recognize it should you be so unfortunate as to meet with it.

In the treatment of post-operative hemorrhage it is very important you should know what position you occupy. One of our modern surgical writers advises where a visible point of hemorrhage exists, that it

be tied or arrested by digital pressure. The same law holds good in internal bleeding. The only treatment should consist in immediately opening the abdomen, finding and securing the bleeding vessel, and then stimulating the patient. This duty, of course, comes under the domain of the surgeon, but you, thus knowing what the course of treatment would be, should, therefore, lose no time in having every preparation made. Stimulants should not be given until after the hemorrhage is controlled. They only increase the flow of blood. When you are suspicious of the approach of post-operative hemorrhage, notify the attending physician at once. The measures to which you can resort until his arrival would be to elevate the foot of the bed three or four feet, apply hot water bottles to maintain external heat; place a mustard plaster over the area of the heart, bandage the extremities to maintain general blood pressure. If the patient is restless and moving about, in bed, you will be justified in giving one-eighth to one-sixth of a grain of morphine sulphate hypodermically. Then prepare the room and all necessary agents for reopening the abdomen, and in a case of this kind never fail to have prepared instruments for the performance of intravenous transfusion and hypodermocleisis. After the hemorrhage is controlled, transfusion should be immediately performed and hypodermic stimulation resorted to. For several days following post-operative hemorrhage, the patient should be kept absolutely recumbent. Fluids should be administered freely, and, if the stomach is not rebellious, forced feeding should be instituted.

*Sepsis.*—The character of the infection will depend somewhat upon the form and activity of the organism present, the tissues involved, and the resisting power of the patient. It may simply be a local infection of the abdominal wound, or a local infection of the pelvic peritoneum, or, what is more

properly understood by the term sepsis, a generalized septic inflammation of the abdomino-pelvic peritoneum, either in a fulminating or simple adhesive type. These forms are both extremely dangerous from the first, and little, indeed, can be done. The patient invariably dies. The condition is manifested by more or less rapid pulse following operation, this gradually creeping up to 110° or 120°, and maintaining that standard, or gradually increasing. The patient wears an anxious expression and the corners of the mouth are drawn and pinched. The temperature is slightly elevated, and the physician is cognizant that the patient is not doing well; but at this stage he cannot definitely determine the true character of the complication. However, as a rule, within twenty-four, or at the end of forty-eight, hours there is progressive disturbance of the circulation. The pulse gradually rises; it is weak and rocky. This is followed on the third day by an increased elevation of temperature, it running up to 101°, 102°, or in some cases, even 103°. This may be preceded by a chill or chilly sensation. The temperature in sepsis, however, cannot be relied upon; in fact, it may remain normal or even be subnormal, due as it were, to shock or prostration accompanying the condition. However, a few hours before death the temperature reaches a high elevation. This is known as the preagonal rise. More or less collapse and prostration are always present; profuse and exhaustive sweats are manifest. In many cases the patient is dripping and the skin, particularly on the hands and feet, is shriveled and looks as though it were soaked in water. The tongue is dry, brown and cracked. The face is pale and the features are pinched, and a peculiar and ominous sign is present in furrows and ridges extending downward from the angles of the mouth. The stomach, sooner or later, becomes irritable and unquarable vomiting comes on. The patient

is anxious and excitable, and delirium later supervenes. More or less pain is complained of. This is not due alone to the inflamed membrane, but to the great gaseous accumulation and retching. The abdomen is distended and rigid. At first the bowels are tight; later, when absorption occurs, a septic diarrhoea develops. The urine is scanty and high colored, and, as a rule, contains albumin, and later casts are found. In the fulminating form the above symptoms are all greatly intensified, and the patient quickly succumbs.

In the study of the treatment of sepsis you will find that nearly all text-books state that little can be done, or that treatment is rarely successful. These statements are, unfortunately, true, and, therefore, if we expect to accomplish much, our hopeful ray lies in methods of prevention. Here, again, I must emphasize the importance of your position in having your patient perfectly prepared; in having her room and surroundings in the best possible aseptic state, and in having everything used in the operation in the same condition. However, if the infection is simply limited to the wound, the condition is not dangerous, and can be readily overcome, likewise an accumulation in the pelvis. The actual treatment of septic peritonitis consists: First, in getting the bowels acting thoroughly in order to deplete the congested serous membrane. Liquid feeding should be forced and stimulants should be given freely, such as whiskey, half an ounce every three or four hours, and strychnia, one-thirtieth grain, every four hours; quinine in 4-grain doses should be given every three or four hours. If the stomach is irritable and rebellious, hypodermic and rectal medication and rectal feeding should be resorted to. Hypodermocleisis is in your province to employ and should be used, because it helps to allay the thirst. It dilutes the toxins circulating in the patient's blood, and assists in combating

prostration and shock, which always accompanies the condition. Intravenous transfusion of saline solution containing germicides you should have carefully prepared for the physician's use. Antistreptococcic serum was formerly used to quite a considerable extent, but now is rarely resorted to, and in fact, does not have much power for good. If death seems inevitable, opium should be used, but only with the consent of the attending physician. If the condition is early recognized, the proper treatment will consist in opening the abdomen, irrigating the cavity and instituting drainage.

*Phlebitis* or inflammation of the veins, is also occasionally met with, and on account of its dangers I feel it my duty to briefly outline the symptoms and treatment of the condition. Phlebitis may follow an operation in any portion of the body, though it is more prone to follow operations upon the pelvic viscera. In phlebitis the lining membrane of the vein becomes roughened and this favors the deposition of blood upon its surface, forming an intravascular clot or thrombus. This may be simple and non-infective, or it may be septic and infective. Both, of course, are extremely dangerous, but the latter more so. In either, slight movements may cause particles of the clot to dislodge and be carried to other parts of the body and there give rise to serious trouble or even sudden death. Dislodged particles of septic clots, when carried to other portions of the body, give rise to septic foci or abscesses wherever deposited. This condition is spoken of as pyemia. Inflammation of the vein usually results from some traumatism, as in manipulation during pelvic operations veins may be injured; or it may result subsequently from an inflammatory process about the veins. The femoral vein is most frequently attacked, and it gives rise to the condition known as milk leg, or phlegmasia alba dolens. The symptoms of phlebitis are abrupt in onset, and manifested by pain

and tenderness over the seat of involvement. It may begin with a chill or chilly sensations, followed by fever. The part, as I have said, is tender and also swollen and discolored. The vein may be felt underneath the skin to stand out prominently, like a whipcord. In palpating over the area, extreme caution should be used on account of the danger of dislodging portions of the clot.

The treatment should consist in keeping the patient absolutely quiet on her back, with the leg elevated on pillows and immobilized by a sand bag internal and external. An ointment of 25 per cent. ichthyol should be applied over the surface and secured by a roller bandage. A small icebag should also be applied. The patient should be kept absolutely quiet for five weeks. The bowels should be kept active and liquid diet given. The bowels should be moved, however, only by enemas; no active purges should be given. Massage should never under any circumstances be employed. In septic phlebitis signs of pyemia, of course, are present, and, therefore, free stimulation should be resorted to.

Surgical treatment of the latter would consist in exposing the infected vein, ligating above and below the site of infection, incising into the vein, turning out the infective clot, irrigating and draining. Accessible abscesses in other portions of the body should also be incised and drained.

*Lung Complications* following abdominal section are occasionally met with. They most frequently occur after the administration of ether, rarely after the use of chloroform. The most common complication is bronchitis, which may eventuate in a bronchial pneumonia. The so-called ether pneumonia is usually of the lobar type. I have referred in the course of my lecture to the

occurrence of post anesthetic pneumonia, and spoke of the predisposing causes of the condition, laying emphasis upon the avoidance of draughts and preventing patients inspiring vomited materials. The best treatment, then, is preventive treatment, and the measures just enumerated should be faithfully executed. The treatment, of course, for the condition when once developed, would be the methods generally employed for these different conditions.

*Removal of Sutures.*—The sutures are usually removed, if the convalescence is uninterrupted from the eighth to the tenth day.

If, however, stitch abscesses form or the wound becomes infected, they are removed earlier. In patients who are profoundly anemic from the excessive loss of blood, the sutures are allowed to remain longer, because in this class of individuals the tissues do not unite as rapidly or as firmly as in plethoric persons, or those with good circulation. Patients operated upon abdominally, who have had a normal convalescence, are allowed, as a rule, to sit up in bed for fifteen minutes or a half an hour on or about the eighteenth day. The following day they are allowed out of bed, and after that time are permitted to walk around. Of course, this rule will be governed somewhat by the character of the operation and the patient's general condition. Cases in which drainage has been instituted are compelled to remain in bed generally for a longer time. Patients who have developed unfortunate infection of the abdominal wound are also kept in bed for a longer period, but, as I have stated above, where the convalescence has been normal and undisturbed, patients should be up and about on the twenty-first day.

# Preparation of Patient and Apparatus, for Aspiration Paracentesis, Blood-Culture, and Lumbar Puncture

Mary H. Tufts

Surgical Nurse

## ASPIRATION

**A**SPIRATION for pleural effusion is a very frequent procedure in the wards of a large hospital, and quite frequent in private practice.

The patient should be prepared for this procedure by the shaving of the back, from the middle line, an area to extend about four inches above and below the scapula, on the side to be aspirated.

In the hospital wards, and usually in private practice, the physician prefers to sterilize the surface himself, so no previous "scrubbing up" or sterile dressing need be applied. For stimulation, a hypodermic syringe, in good working order, should be near at hand, with an assortment of the drugs, strychnia, camphor and ether, caffeine, nitroglycerin and digitalis, and one-half ounce of whiskey or dilute brandy, is ready to give the patient, in case of weakness or faintness.

After the withdrawal of a considerable amount of fluid, it is not uncommon for the patient to feel much depressed for a few minutes; and occasionally such a mishap as "collapse" has followed aspiration, in very weak subjects. Hence the necessity of ready stimulation.

When the apparatus is prepared, and the doctor ready, the patient is turned on the side, with the back close to the edge of the bed, and the affected side uppermost.

A square of dressing rubber, or other protective, is arranged over the side of the bed, and around the area to be aspirated. This is covered with a sterile towel before the doctor "scrubs" the surface.

Just before the needle-puncture is made, the patient's hands are raised a little above

the level of the head, and the shoulders thrown forward, and retained in that position by the patient grasping some convenient surface, or the arms being supported and drawn forward by an assistant.

The aspirating set consists of the aspirator, rubber and metal bottle-stopper for the bottle into which the pleural fluid is to be drawn, four needles of different sizes, and two rubber tubes with metal tips on each end. These tubes connect the stopper of the bottle, with the two needles used.

The nurse must be actually familiar with the set itself, in order to be able to put the different parts together properly, for testing. Any aspirating set should be tested before each use, to be sure all parts are in good working order. The tubes in the bottle-stopper, the rubber tubes and the needles often become plugged with a fibrinous deposit, so that no fluid will run through, unless they are cleansed with great care after each use. As the aspirator is essentially a "vacuum-pump," with leather packing, no fluid should be drawn into it, and it should never be boiled.

It should be laid in one-twentieth carbolic solution, for five or ten minutes before use. The rubber and metal stopper is also soaked in carbolic. The glass bottle for the fluid may usually be rendered sterile by boiling. It may, instead, be washed clean, and soaked in 1-000 bichloride, and rinsed inside, carefully, with sterile water. It is especially necessary to thus carefully sterilize the bottle, if a pathological examination of the pleural fluid is desired. The needles and rubber tubes should be sterilized by boiling.

The nurse should, of course, prepare all dressing tables with sterile hands. Enamel or glass-topped tables are rendered sterile by thorough washing with 1-000 bichloride, and wooden-topped tables are washed and covered with sterile towels. All basins and glasses for the table are scrubbed in bichloride. Four receptacles should be provided for green soap, ether, alcohol and bichloride, to be used for sterilizing the surface of area to be aspirated, and one basin, containing salt solution (sterile).

A hypodermic syringe, filled with a 2 per cent. cocaine solution, should be soaked in carbolic, and put on the table. This cocaine is injected in the site of the needle puncture, to numb the surface. Six sterile sponges and four sterile compresses are provided. The bottle is laid on the side, on a convenient part of table; and the stopper, tubes, aspirator and needles arranged neatly on a compress of sterile gauze, or towel. The table is covered with a sterile towel and a pus basin and roll of adhesive plaster, taken to the bedside, with the table. When the aspiration is completed, the needle-puncture is covered with a compress of sterile gauze, strapped in place with adhesive. The patient should be kept quiet, lying in practically the same position for about an hour.

#### ABDOMINAL PARACENTESIS.

Abdominal paracentesis or "tapping" is done for the evacuation of large accumulations of fluid in the abdominal cavity.

Prepare the patient by shaving and washing the abdomen. If the abdomen is to be "tapped" on the right side of the median line, have the patient lie close to the right side of bed, turned partly upon the side; and the back and shoulders, comfortably supported by pillows.

If left side of abdomen is to be "tapped," have patient in the same position, close to the left side of bed. Some few physicians prefer to have the patient sit upon the side of the bed, with the legs hanging down. In this

case, have the patient's back well supported by an inverted chair and pillows, or some similar arrangement, or by an assistant. Whether the patient is to lie, or sit, a Scultetus binder should be arranged in place, ready to fasten as the physician desires. A large rubber sheet, or a clean strip of some other heavy material, is spread upon the floor, on which to set the tub, or large basin, for receiving the fluid. If the patient sits upon the side of bed, the feet should be separated sufficiently to permit of the tub or basin being placed between them.

A dressing rubber is arranged to come up close to the abdomen, and to come down over the side of the bed. This rubber is covered by a sterile towel, just before the physician begins work. The patient should never be arranged in position until the apparatus is by the bedside, and the physician ready to sterilize his hands, as it is very tiring and uncomfortable.

There will be needed, besides the above named articles: The paracentesis set, which usually consists of two trocars and two canulas, one of which is about three inches long, and the other about four inches long; one curved, sharp Bistoury, one scalpel, one pair scissors, one probe, one director, one pair dressing forceps, one large funnel of glass or hard rubber, about two feet of rubber tubing, hypodermic syringe filled with 2 per cent. cocaine, four receptacles for green soap, ether, alcohol and bichloride, one basin with sterile salt solution, six sterile sponges, four sterile compresses, and sterile towel for covering table. If a wooden-topped table is used, two more sterile towels are necessary for covering the table.

Scultetus binder, pus-basin, adhesive plaster, and tub or basin are taken to the bedside with the table. The dressing table is "scrubbed" or covered with sterile towels, and basins and glasses for solutions are washed in bichloride. The hypodermic syringe is immersed in one-twentieth carbolic for a

few minutes before being put on table. The instruments, including trocars and canulas, should be sterilized by boiling, also the rubber tubing and the funnel, if it be of glass. If a hard rubber funnel is used, wash in green soap and water and bichloride. The rubber tubing is attached to the funnel, and used for conveying the fluid from the canula into the tub. The six sponges and two compresses are grouped by themselves, and the instruments, tube and funnel, neatly arranged on gauze compress.

The nurse or physician, as desired, holds the funnel beneath the canula. As a rule, the physician does this, and the nurse is required to fasten and frequently tighten the binder from the top; or to make downward pressure on the abdomen, to aid in the evacuation of the fluid.

Have the patient's shoulders well protected, and if sitting up for the paracentesis, stockings, slippers, and a light blanket draped about each leg are desirable. The clothing should be so arranged as to be up out of the way, and not to fall down over the abdomen. The patient may be allowed, if necessary, one-half ounce of whiskey as a stimulant. The urine should always be voided just before the paracentesis is done.

#### BLOOD CULTURE.

The blood for cultures is most conveniently obtained from the arm. The arm should be bared to the shoulder, and shaved on the inner side, at the angle of the arm and forearm. It is most convenient to have the arm extended flatly on the surface of a table of ordinary height; and a dressing rubber should be arranged under it. A table or large tray is sterilized with bichloride, or covered with a sterile towel, and arranged neatly, with the following articles, which should be sterile: One solution basin, containing sterile water, receptacles containing green soap, ether, alcohol and bichloride, six sponges, two compresses, two towels, and one small solution glass or graduate.

A syringe or aspirator of specially devised pattern, is generally used for this work; and in the hospital, is usually sterilized by the pathologist or his assistants, and sent to the wards in a sterile culture tube.

At least two of these should be in readiness for the physician, as frequently, in sterilizing, the needles are blunted, and thus rendered unfit for use. Of materials not sterile, should be provided—a pus basin, adhesive plaster, dressing rubber, a two-inch gauze bandage, and bandage scissors. The physician arranges the sterile towels above and below the area to be treated, and will instruct the nurse where he wishes the bandage to be tied about the arm. Some physicians cocaineize the arm, and if this be desired, a hypodermic of 2 per cent. cocaine should be provided.

#### LUMBAR PUNCTURE.

Lumbar puncture is the puncture of the lumbar spinal membranes, in order to evacuate an excessive accumulation of cerebrospinal fluid. The puncture is frequently made between the second and third lumbar vertebræ. If the patient is strong enough, it is desirable that he be placed in sitting posture, inclined forward so as to bend the spine, and separate the vertebræ. If the patient is unable to sit up, he should lie on the side, with the knees drawn up, and flexed on the abdomen, and the upper portion of the body sharply bent forward. A sterile tray is provided with the following sterile materials: Three or four empty culture tubes, several culture tubes containing such culture-media as the physician shall indicate, two sharp aspirating needles, hypodermic syringe of 2 per cent. cocaine, solution glasses with green soap, ether, alcohol and bichloride, basin with salt solution, six sponges, two compresses. The tray should be covered with sterile towel which is used to spread over the dressing rubber, when the physician is ready to work. A pus basin and adhesive plaster should be provided. The puncture should be covered with sterile compress until healed.



# Information for the Obstetrical Nurse — Possible Dangers and Complications of the Puerperium

S. Virginia Lewis, M.S.N.,

Author of "Nursing," a Hand-Book for the Untrained

PAPER NO. 7

THE microbes which work such danger to the obstetrical patient, gain access to her system by way of both the lymphatics and the veins; though more frequently by way of the former channels. Phlebitis, which means inflammation of veins, is another evil to which a woman is exposed when employing the services of a heedless attendant. Such a condition may involve either the uterus, or lower extremity. Of course, the first step in treatment is surgical cleanliness; which, had this been the first step in precaution, the trouble might have been obviated. In uterine phlebitis, hot, antiseptic vaginal douching will be called for, as will also ice-bags, or warm poulticing.

Lacerations of the perineum are very common, especially in primiparæ. The main care should be to keep the parts strictly clean, and prevent any of the discharges from entering the wound.

When varicose veins become inflamed, cooling applications of lead-water and laudanum are frequently resorted to; or should they meet with objection, linseed poultices may be substituted.

The mention of poultices brings to my mind that excellent substitute—Antiphlogistine. While I have never seen it employed in obstetrical work, yet most satisfying results have come under my observation regarding its use in other branches of nursing. It is a boon to both patient and nurse, as being not alone more efficacious than the old-fashioned meal-poultice, but is cleanly, and altogether easier to handle.

A very serious complication, due either to phlebitis, or cellulitis, or to a combination of both, is that known as *phlegmasia alba dolens*.

It is that condition commonly referred to among the laity as milk-leg. A lady who had been a sufferer from this cause was explaining to the writer one day about how that the milk got down into her leg, and caused her so much misery. Her listener tried, very cautiously, to explain to her that milk-leg was an erroneous name for her complaint—that there was no channel to conduct milk down into the extremities. But she insisted that she remembered very distinctly of "feeling her milk leave the breast, and finding its way into her leg!" So much for an over-developed imagination, though it was not imagination that led her to depict her trouble as causing her great suffering, for it is certainly something to be dreaded. Not alone does it cause temporary mischief, but in many an instance the inconvenience and discomfort continue all through the remainder of life. The condition usually begins about five days after delivery, and some obstetricians tell of cases that have occurred as late as six weeks. Among the symptoms are swelling and pain, with a pearl-white color of the skin. The nurse will likely be directed to keep the leg warm by covering it with cotton batting, held in place by bandages, so put on as to cause but slight compression. The limb must be kept elevated on pillows, even for two weeks after swelling has subsided, to prevent, if possible, the common tendency to relapse.

In making any application, avoid deep pressure, as that might detach a piece of a thrombus, with a resulting embolus to cause further damage. Tincture of iodine to be applied along the swollen veins, is sometimes prescribed.

While result of the trouble may continue

through life, as was said before, favorable cases may terminate in two or three weeks.

Nothing is more to be dreaded than eclampsia, or puerperal convulsions. The danger is not so uncommon, it is claimed, and may set in either before, during or after labor. There may be precursory signs; or there may not, as in some instances a woman apparently in her usual health has been attacked suddenly. The significant symptoms of such a seizure are epigastric pain, headache and disturbances of vision. The convulsions closely resemble those of epilepsy, and are pronounced as dreadful to witness. Poison, or poisons in the blood-toxemia, would seem to be the necessary cause, physicians inform us, though the essential etiology is not quite settled. A seizure may be expected in a woman who presents the symptoms above, who is edematous, and whose urine is scanty, especially if it be albuminous. Certainly, no time is to be lost in summoning a doctor—the one nearest at hand; and should convulsions occur before his arrival, it is the nurse's duty to keep her patient from injuring herself, without, however, resorting to force to restrain her movements. To prevent the tongue from being bitten, it may be held back by stretching a napkin between the teeth, and grasping it on each side; or insert between the jaws a spoon, with its handle wound with a bandage.

An anomaly which is usually regarded as a formidable complication, is that known as placenta præ via; the definition of which is "insertion of the placenta to that part of the womb which always dilates as labor advances." There are two varieties—complete and lateral—the former being much less frequent. Its characteristic symptom is hemorrhage the latter time of pregnancy, or at the beginning of labor. It occurs without obvious cause, perhaps while the woman is sitting quietly, or even lying asleep. As the first hemorrhage may terminate fatally, the services of a physician are required immedi-

ately. The nurse should be on the lookout for a return of bleeding, which is liable to occur at irregular periods. In the complete variety, hemorrhage is more profuse than in lateral placenta præ via. In severe bleeding, vaginal injections of hot water, either plain, or with the addition of vinegar, may be resorted to by the physician; also, he may provide the nurse with aseptic balls of cotton-wool, with which to tampon the vagina should hemorrhage recur in his absence, or pending his arrival. Before inserting a tampon, she must first give an antiseptic douche. Such patients require close watching, for even after arrest of all bleeding, the grave anemia consequent upon excessive loss of blood, may cause speedy death.

When the indications are not alarming, perfect quiet with complete rest in bed will perhaps be the only treatment prescribed.

During labor, bleeding at the nose, or discharges of blood from several sources other than the vagina, are sometimes met with. Unless copious, epistaxis is not serious. Soon after labor hematuria is sometimes noticed, and must be reported. It may be due to vesical hemorrhoids, which may or may not call for treatment; or it might be the result of injury to the bladder. In that instance, the catheter, should it be required, will need special care as to its antiseptic preparation, and obviously.

A very sad sequel of pregnancy is any condition of insanity. According to statistics, one woman out of about four hundred becomes mentally deranged during confinement. The first two weeks of the puerperal state has the highest percentage. It may occur also at any period during lactation, though more frequently during the latter half of that term. The lactation period claims more multiparæ than primiparæ. Some few unfortunates exhibit insanity even during pregnancy, usually not prior to the fourth month. Uterine disturbance from any cause, natural or otherwise, exerts more or less

influence upon the nervous system. Of course this applies with special force to women of habitually unstable nervous mechanism. Such a woman, particularly if exhibiting much increased nervous impairment during pregnancy, ought to be particularly watched; and more especially after delivery, as she may develop decided mental trouble, of which suicidal or homicidal tendencies may be an accompaniment. Destruction of the infant is a common expression of this homicidal proneness, so that the little one will need to be zealously guarded.

The first step in the treatment of such cases is absolute rest and quiet, to secure which even the immediate members of the family should be excluded from the apartment. For drying the milk secretion, the doctor will likely prescribe treatment, unless it should disappear without his intervention. Special care must be given to antiseptic precautions

for preventing mammary abscess. The patient will require to be well nourished upon food of proper form, usually of liquids, and sometimes predigested. Forced feeding may have to be resorted to in some cases; and to replace some of the feedings by means of the esophageal tube, nutrient enemata may be ordered. Stimulation in moderation will likely be part of the treatment.

Some few of these cases die; some remain permanently insane, though the majority may be expected to recover within six months.

Notwithstanding this formidable array of evils incident to the puerperal condition, any one of which may possibly present itself, conditions will be mainly normal in the vast majority of instances. While this is true, only such nurses as know how to meet emergencies in any and every department of nursing, can consider themselves properly equipped.

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### Guild of St. Barnabas, Orange

The Orange branch of the Guild of St. Barnabas held its regular monthly meeting for October at St. Mark's Church, West Orange, on Thursday the 27th.

While regretting the absence of our own chaplain, we were happy to have with us again the Chaplain General, Bishop Whitehead, who received into membership with the Guild, one active and two associate candidates.

An appropriate address was delivered by the Rev. F. B. Reazor, rector of St. Mark's.

At the close of the service we adjourned to the chapel for the regular business meeting, which was conducted by Bishop Whitehead.

It being the first meeting since the Guild Council at Boston, a paper giving a full and interesting account of the convention was read by Miss Martha Clark, our active delegate. It was pleasant news to know that the next council is expected to be held at Charleston, S. C. But happier news was in store for us. The Bishop hoped, he said, to ascertain, in the early part of

next year, the probable number of all Guild members who are likely to attend the Charleston convention, and then try to arrange for a boat party from New York city to Charleston. We agree with the Bishop in thinking that considerable fun and enjoyment can be gained from such a trip. Imagine what a grand party it would be if the delegates from *all* the other branches, east, north and west from New York could assemble there and all start together by water for South Carolina!

At the close of the business meeting a reception was held by the Rev. Mr. Reazor and Mrs. Reazor at the rectory. This reception at St. Mark's is looked forward to from one year to the next; the hearty welcome with which we are received makes us at once feel at home and so we are always happy to again be within the comfortable old-time walls of the rectory. Even the bright coals of the cheery open fireplaces seemed to be smiling at us and saying, "Good afternoon, we are so glad to see you."

## A Visit to the Voksenkollen Sanatorium Near Christiania, Norway

Max J. Walter

Superintendent of Pennsylvania Orthopaedic Institute, Philadelphia

**I**N RECENT years it has been noticed that the American tourists who spent part of the year abroad, traveling particularly in the South of Europe, Switzerland, Germany and France are now going in great numbers to the far North of the Continent, to Scandinavia, the Land of the Midnight Sun.

It has been the general opinion that the climate of Scandinavia is cold and inhospitable, and I believe it is largely due to the extended trips the German Emperor has taken almost every year in the last decade that tourists nowadays go either by boat or rail to this country, so rich in beautiful sceneries.

I shall confine myself in this brief article to the description of a sanatorium in Norway, one of the most modern I visited last summer while I was investigating in Europe the latest methods used in Mechano-Therapy, called the Voksenkollen Sanatorium.

It was once stated by a physician who is greatly interested in the cure of diseases by climatic treatment, that the characteristic features of Norway were such as to make it pre-eminently suitable as a European health resort. Thanks to the waters of the warm Gulf Stream, which washes the shores and cliffs of the West coast, and those of its mighty fjords, Norway owns a climate which might well be envied by more southern lands. The wonderful features of the country—from the outlying holms and skerries of its island belt, to the high-lying wastes of the inland mountains with sheltered, evergreen forests between—allow room for every kind of climatic change. But the charms which were then especially referred to as having formed the basis of the above mentioned

opinion, were the bright summers, with their lengthy days and dazzling blaze of light, which, even at night, throws its, then subdued, yet romantic sheen on the lovely scenery. At that time, too—not longer than the eighties—the thought of visiting Norway for the sake of health was, as a rule, confined to the summer. Since then, however, the benefits of the winter with all its beautiful attractions, and its sanatory advantages, have been fully recognized, and a new land, as it were, with a great future before it, has been opened for life in the open air and the promotion of health. It is true, that the daylight is then less, the days shorter, but on the hills and mountains, the effect of the sunlight, intensified, as it is, by the strong reflection from the snow in the dry, calm air, is great and exhilarating.

What marvelous beauty is there not contained in the forests of spruce, when the snow has clothed them in garments of white? Only those who can wander about in the solitude of the woods on a calm winter day, between the snow-laden branches and under the bending arches of the trees, who have seen the fantastic, romantic forms of the bushes, with the azure color of the sky above reflected in the shadows they throw, can imagine or understand the loveliness with which winter decks the enchanting scenery. Never is the air so pure than when the snow spreads its white shroud over the organic life of the soil and prevents all effluvium and evaporation. I may safely say that, a residence in the dry calm air of these high lying forests, during winter, is fully as good, and, in certain months even better for invalids and people with overtaxed nerves than during the summer.

But few parts in this country are, in respect to climate and scenery, so advantageously situated, or so richly endowed, as the environs

Christiania, extend in the direction of the extensive plateau of Nordmarken and Ringerike.



HALL AND STAIRWAY AT VOKSENKOLLEN SANATORIUM.

of the Norwegian capital. This is particularly true concerning the great wooded heights which, to the North of the valley of

One of the highest points in this beautiful group of hills is the ridge, which, to the northwest of the city, rises to a height of about

2,000 feet, and on the whole eastern and southern slopes Frognersæter and Holmenkollen are situated. To the westward of these, and on the highest plateau, lies the Voksenkollen Sanatorium, 1,640 feet above the sea, surrounded by miles of pine forests, and from which there is a panorama which, in the variety of scene and beauty, can hardly be surpassed. On the brow of the hill, facing the southwest, rises the imposing palatial building, while the woods in front of it, like a mighty carpet, slope away down some thousand feet to the valley beneath. To the westward, the ridge descends steeply to the picturesque dale (Sorkedal) beyond which there rise the imposing heights of Ringerike and Nordmarken, with distinct blue outlines of mountain in the background. Above all these, to the northward, is seen Norefjeld's mighty snow-covered top, Gausta's conical peak, 6,200 feet in height, the undulating form of the Lifjeld, and to the South, the Skrimfjeld, near Kongsberg.

The sanatorium contains 100 comfortably furnished rooms, and is fitted with all modern sanitary appliances, electric lighting, central heating apparatus, suitable ventilation and baths on each floor. All the kitchens, store rooms, etc., cellars, and engine room are situated in the fireproof premises under the West end of the building. Above these, and occupying the entire West wing, are the roomy and elegant assembly rooms, of which I may mention the large, splendid hall, and staircase, in richly ornamented Norwegian style, with its bar, at which natural and artificial mineral waters are served; the beautiful drawing room, the ladies' drawing room, a small refreshment room, and the great dining hall with seats for 150 persons.

Dr. T. C. Holm, the medical director and proprietor of the resort, showed me all the different departments of the sanatorium and

comfort and neatness were combined everywhere. Particularly attractive and artistic were a large reading and smoking room, the latter in Norwegian style, with inlaid colors, as well as a billiard room with French and English tables.

Owing to its high, magnificent position, the place is especially suitable for those who require rest, fresh air and change of environment. A corps of nurses assist the doctors in their work; they have usually been in training in the hospitals of the nearby capital. They receive a salary of from seven to ten dollars a month and have under their care one hall, the rooms being situated on both sides of the hall, numbering about eight to ten rooms. Patients requiring a private nurse pay about four dollars per week extra. The terms for the rooms are reasonable; one person pays, from thirty-eight to fifty-five dollars per month for a single room; two persons in a room with two beds, seventy to one hundred dollars. These rates include board and attendance.

The rooms at the sanatorium are not let for a less period than one week. If the services of the house physician are required, an extra charge of fifteen dollars per month is made. This includes doctor's fees, baths, gymnasium and electrical treatment.

Besides the medicinal treatment, extensive use is made of mechano-therapy, including the following branches:

1. Hydrotherapy (water cure), steam and hot rooms, pine-needle baths, slipper baths, sitz baths, douches, etc.
2. Nauheim, or carbonic acid baths.
3. A large gymnasium, with appliances for ordinary as well as medical and orthopaedic gymnastics and massage.
4. Electricity, constant and induction currents, and various electric-light baths.
5. Mineral water cure, by means of natural and artificial waters:



VIEW FROM THE ROAD.



THE LITTLE LAKE.

## That Ministering Angel\*

By A. C. Ferguson, M.D.

WITH noiseless footsteps she passeth down the aisles  
Of suffering and sorrow, where death so relentlessly  
Doth sit brooding. Yea! A maiden seeking to bind up  
Wounds of body and of mind.  
The light of youthful life and a sympathetic heart  
Beams forth from her eyes: The rose-flush of health  
Is on her cheeks; but the reflection of  
Care and stern responsibility doth mantle her fair brow  
As at the midnight hour she lingers  
Within the ward to minister hope, and perchance, give  
Strength unto an agonizing body and an agonizing soul.  
She is within the "Ward Critical," where hope for life  
Has departed; where one, and two, and many now do gaze  
Into the eyes of death's angel of deliverance.  
Behold her now! She is cooling the parched lips  
And fever-heated brows of those who will soon pass  
Into the valley of dark shadows. She is whispering  
Words of solace to that languishing spirit so soon  
To fly away. See her again, bending over that  
Dying boy who has no mother's face above him in this  
His last hour of earth, except as through his tears  
He beholds that mother's face reflected by the eyes  
Of this bright Angel of Mercy. Many weary hours  
Without rest she is kept by sympathetic bonds to duty,  
Though her very soul is made weary by the strain.  
Watching, watching, solace imparting, solace imparting,  
Behold her patience and devotion. What is the motive  
That doth lead to this sublime self-sacrifice and  
Beneficence? Why has she bade adieu to the good  
Cheer of a home or the communion of friends in  
Other walks of life?  
Say not that material gain or sordid desire may be the  
Chief motives of such blessed service. But rather  
This—A sympathetic, faithful woman's heart pulsating  
For others. (The noblest human gift to earth.)  
That heart of tenderness and sympathy no man can e'er interpret  
For it is Divine. And it is thus to serve and minister  
Unto sorrowing souls as patterned by the youthful Nazarene  
Within His own Gethsemane by Kedron's brook, that impels  
Her noble sacrifice. List! Listen now, ye multitude  
Amid the rush and roar of daily life, amid the struggle  
To achieve wealth or fame, or amid the struggle to live  
JUST FOR TO-DAY. Hear the Divine Brother's words  
Now echoing down the corridors of years: "Inasmuch  
As ye have done it unto the least of one of these, ye  
Have done it unto Me."  
Take heart, tried souls! Though there are Gethsemenes  
All along the path of life, there are angels flitting near!  
Angels of mercy lighting up the way!  
Behold in such, THE CHRIST.  
Beloved, wilt thou be one to follow Him, and reflect to  
Some sad heart, His life through thy own soul?

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Dedicated to the young women nurses of New York City.



# Department of Army Nursing

**Dita H. Kinney**

Superintendent Army Nurse Corps

Since the last Army Nurse Corps Notes the details of the wedding of Miss Eva Trenholm, late chief nurse of the First Reserve Hospital, Manila, have come to hand. We learn that the groom, Mr. Henry D. Green, is one of the latest additions to the Manila bar, having attained the highest average in the legal examinations held in that city in the early spring of the current year. There certainly must be a bright future before him in the practice of his profession. The ceremony was performed at St. Stephen's Church, by the Reverend Mercer Johnston. It was a very quiet wedding, only the intimate friends of the bride and groom being present. The bride was given away by Miss Bertha M. Gertsch, her most intimate friend and a former member of the Army Nurse Corps. The best man was Mr. Ganzon. After the ceremony the wedding party returned to the nurses' quarters, where the fellow nurses and former companions of the bride had arranged a delightful reception in honor of the newly wedded couple. The house had been beautifully decorated by the bride's enthusiastic friends and a delicious repast was provided. An orchestra furnished music and the guests danced until late into the night. There was a large company present and nothing was left undone that could express the good wishes of all present for the future happiness of the young couple. A merry scene occurred when the bride and groom attempted to give their friends the slip and gain their carriage. The traditional rice and old shoes came to light from somewhere as if by magic and nobody passing the house at that moment would have had the least difficulty in guessing that a

newly married couple were just starting on life's journey. After the departure of the bride and groom the guests returned to the upper hall for more dancing. Mr. and Mrs. Green left for a wedding trip to the Canary Islands, where the former has some business interests requiring his attention.

Miss Eva Dora Weber was married to Lyman L. Simms, cashier at the Quartermaster's Depot, on the same day, an hour later in the same church. The reception was afterward held at No. 72 Calle Real, Ermita.

Mrs. Lilian Krauskopf, who has had long service as an army nurse, and who is widely beloved and esteemed, requested discharge in Manila without assigning any reason. She also at the same time asked for leave for a week. This dainty and dignified little lady told the nurses very quietly that she was to be married, but they all laughed (in view of the frequency of such events) taking it for granted that she was joking and playing upon their credulity. Not a bit of it! She walked out of the house and, as good as her word, was married most quietly and unostentatiously to a certain Mr. Allen, a successful government civil engineer, and went at once to her own dear little home in Malate (a resident section of Manila). Among her other enviable possessions to which she has fallen heir are two beautiful black chow dogs. She is a frequent and welcome visitor at the nurses' quarters and it is scarcely necessary to add that the affection and good wishes of the superintendent and the entire nurse corps have always been and always will be hers.

Miss Edith A. Mason was discharged at her own request, and headquarters hears of

her as on the transport sailing from San Francisco October 1 with her husband, Mr. Lascot, returning to Manila. Where or when she was married deponent sayeth not.

Mrs. Emilyn P. Mann, after nearly six years of service, was married in San Francisco to C. S. MacArthur, and has taken up her residence in that city. Reports say she has an attractive home in the "Mission."

An additional interest was lent the occasion of Miss Trenholm's reception by the fact that it was in all probability the last time that the nurses and their large coterie of friends would dance upon the floor of the beautiful quarters at 326 Calle San Miguel. The residence of the nurses ever since there have been any nurses in Manila has been in this beautiful old palace—most picturesque and attractive. Even the most ardent admirers of the beautiful old place could not deny that its state of dilapidation was pitiful. A happy family of bats had long had a home in the capitols of one of the pillars, birds and green little lizards frolicked and basked and made themselves happy and at home in various crannies. But the nurses loved it and all have a deal of sentiment concerning the old place. It had, however, arrived at a point of decay when something had to be done, so the medical department decided that rather than attempt to make the necessary repairs, it was advisable to secure another place. To find a suitable substitute seemed an almost hopeless task, but a greater measure of success has attended their efforts than could have been expected. "La Giralda," which some time since was an attractive hotel, and which was later altered and repaired to be used as the Woman's Hospital (now defunct) has been chosen. The building is being put in beautiful order, painted, new floors, electric lights with adjustable fixtures, solid partitions to divide up the rooms which were too large and, best of all, seven bath rooms, with hot water connections. Neither the veranda nor the reception room is so fine as at "326," nor is

there any roof-garden, but there will be more and better and cleaner rooms. It will not be necessary for the nurses to tear themselves entirely from their old location, as the new quarters are on the same street and only two blocks away from their old and well beloved home. There can be no denying that the medical department in finding and expending so much money on the nurses' accommodations has paid the nurse corps a most delicate but very real compliment and given tangible expression to its appreciation of the nurses and their services.

Mrs. Mattie Pannill-Lowe, whose wedding has already been reported, is keeping house at Camp Stotsenberg, where she is an exceedingly popular young matron, and her husband, Mr. Lowe, a great regimental favorite. It is sad to relate that the happiness which seems so widely spread among the brides—ex-members of the Army Nurse Corps—could not be the portion of all.

Mrs. Collins, formerly Miss Clara Hughes, who was married at Ft. Bayard in June, was desperately ill all the way over to Manila on the transport, and was taken immediately upon arrival to the Civil Hospital. A consultation of physicians decided immediate operation was necessary. We are glad to report that the latest news from her is favorable and encouraging.

The nurses seem to be widening their field of usefulness very considerably. They are scattered over the islands in groups of three or four at Zamboanga, Camp Marahui, Iloilo, Corregidor and Camp Overton.

It does not seem that all the kind things done by the medical department for the nurses are confined only to the Philippines. One of the nurses writes from the Presidio: "Our new tennis court is a source of great pleasure to us all, and Miss Gottschalk says she thinks it must be the good work done out there that has so perceptibly lessened the sick report for the nurses during the past month."

Very soon after her transfer to the United

States in July Miss Marian Eastham met with a very serious accident by being thrown from a moving street car as it was rounding a corner. Her head struck against the stone pavement, fracturing the base of the skull and causing concussion of the brain. She also sustained several contused wounds, besides a laceration of the scalp. It is with great pleasure that we report her complete recovery. During her early convalescence she was granted a month's leave of absence and this was extended for another month. She will shortly return to duty quite herself.

News reaches the Surgeon-General's Office that Miss Margaret Macauley, an old army nurse, is taking much interest in her chicken ranch in Petaluma, California. That she is well and happy goes without saying, and indirectly she advises all tired nurses to buy a chicken ranch and to personally superintend the work.

With much regret we chronicle the discharge at her own request of Nurse Olive Purves, one of those longest in the service. Miss Purves has accepted a position in the American Hospital in the City of Mexico, and writes that she finds the work agreeable and the old city most interesting, but misses sadly her army associations and the army nurses.

Miss Gertrude M. Stockall has been discharged since the last report.

Misses Dora E. Thompson and Martha Pringle have passed with honors the examinations for promotion to chief nurse and will be assigned to such positions when opportunities occur.

The appointments since the last report to this journal have been Agnes F. James, graduate of the Woman's Hospital, of Philadelphia, class of 1903, with subsequent graduate work in the Pennsylvania Hospital and Dr. Howard Kelly's private sanitarium;

Huldine M. Dobbratz, graduate of the Carney Hospital Training School, Boston, Mass., December, 1901, subsequently head nurse at the Long Island Hospital, Boston Harbor; Mary E. Nagle, graduate of the Erie County Hospital, of Buffalo, March, 1901.

The transfers reported are Louise Rohlf, from the First Reserve to Camp Connell, Calbayog, Samar, for temporary duty, upon the completion of which she will report to the commanding officer of the hospital at Iloilo. Misses Sylvia Call and Ida E. Van Derhoef have been transferred from the General Hospital, Presidio, San Francisco, to Fort Bayard, to replace Mrs. Christiana M. Bauer and Miss Mary V. Lyons, who have completed their tour of duty at the latter hospital; Katherine Reynolds, from Iloilo to the First Reserve, and Chief Nurse Edith M. Wills, from Iloilo to chief nurse of the First Reserve Hospital, Manila, vice Eva Trenholm, discharged.

The transport *Logan* left Manila September 15 and arrived in San Francisco October 17, bringing nurses Rose E. Abel, who had completed her two years' tour of foreign duty, and Frances B. Storry, who was returned to the United States on account of ill health.

Chief Nurse B. Matilda Unger sailed for the Philippines on the *Sheridan* October 1, and Nurses Marjorie Kirkpatrick and Cecilia McHugh sailed on the *Sherman* November 1 from San Francisco, all en route to Manila for assignment to duty in the Division of the Philippines.

Lucile E. S. Flick reported at the First Reserve from the transport *Logan* on September 2. She was assigned to duty in her old position in charge of the operating room at that hospital.

Nurse Martha E. Pringle has been transferred from the General Hospital, San Francisco, to Fort Bayard, where she has been assigned to duty as dietist.

# Editorially Speaking

## OUR CHRISTMAS GREETING

At Christmas time, "Peace on earth and good will toward men" should be especially prevalent. But even at Christmas time it is not an easy task to put oneself in this benign frame of mind while we live surrounded by the evils which are loose upon the world—selfishness, deceit, lust of gold, lust of place and power.

Yet there are some who amid all this besiegement of evil retain and successfully follow out some benign purpose. We admire them, love them, and would emulate them.

Year in and year out, our work has had a deeper significance to us than the curse of Adam, "In the sweat of thy face shalt thou eat bread."

We know from a thousand letters that **THE TRAINED NURSE** has helped nurses to do better work, thereby reducing the sum of human woe, and lessening the number of the moaning multitude yearly martyred to disease.

What better inspiration to do good work?

And what more satisfying and contenting than good work well done?

As we look back over the past year, we find that we have met with a gratifying measure of success. We are grateful that we have the strength and inspiration to continue in the way our feet have trod so long.

Therefore, with a thankful heart for our own mercies, we wish our subscribers, the nursing profession as a whole, yes, even our enemies, "A Merry Christmas and A Happy New Year."

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## THE TURNING OF THE SUN

Christmas Day—the 25th in the Calendar—is a day stolen from pagan history to celebrate the birth of Christ.

The ancients selected it because it signified

the turning of the sun. On the 22d, 23d and 24th, the days are practically at a standstill, but on the 25th the hand of time snatches a lock from the brow of night and hangs it like a star in the forehead of day. And the 25th day is a minute longer than the 24th, and although there may be snows in January and storms in March, yet on that day the sun sets its face toward summer, and however long the winter may be, the realm of sunshine is just ahead.

We knew a woman once, to whom life had brought all the misfortunes that broken health, broken fortune and broken loves could bring, and to whom the great haunting fear would come that all had been lost forever, as rain-drops lose themselves in the ocean. And yet, when we saw her last she had this one stone with which to reach the forehead of her Giant Despair, "The sun will shine *to-morrow*." And sitting there "between the lights," she really seemed to be setting with the sun. Yes, the sun will shine to-morrow. Just the fact that there is sunshine somewhere is proof that sometime, somewhere it will come our way.

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## "UNTO ONE OF THESE MY LITTLE ONES"

In those seven words is the whole Christmas gospel.

Our children's wards, sometimes the most tireless and tiresome in all duty's rounds, calling out all the sympathy of public and private charity, are woefully inadequate to express the full measure of what the words mean.

Work done for the "little ones" is work done for Him.

When will benevolence—desultory, disorganized, too often administered with indifference, realize this? Its overflowing bounty is busy, founding libraries and colleges and

monuments and halls of fame for people whose memory would be sweet without them. It loves to be coddled and cooed to with tales of its own success, it has no time for the little ones. Like a prodigal stream which has overflowed all barriers, it runs to waste in a thousand useless channels, while the thirsty places it might have watered are dry and thirsty still.

Why should not Christmas time be the one time of the year to bring home the truth that no benevolent work, no "so-called" charitable work, can rise to the level He made who said, "If you do this for one of my sick and suffering little ones, you do it for me."

Charity at best is a poor, bungling expedient on the part of the few to repair the wrongs of the many. Only too often it degrades, it puffs up the giver, it accentuates the very inequalities it seeks to relieve.

But the charity which gives its hand to "these little ones" can never pass into nothingness. Like the quality of mercy, "it blesses him that gives and him that takes." And they who know its true spirit are wreathing a flowery band to bind them to heaven.

#### THE SURGICAL NURSE

The surgical nurse must find herself in rather a difficult position if she tries to follow all the modern teaching. She has been taught that there must be no limit to the cleanliness in surgical methods. That a surgical nurse must have an "aseptic conscience," and so on. Now Dr. Robert Morris comes forth and tells of the evils of two great cleanliness in many surgical cases, and the harm done by nurses in their efforts to accomplish aseptic perfection. In an article in *American Medicine* he says:

"Along with the teaching of scientific cleanliness in the schools at present, there is developed the idea that wound discharges in general are unclean and are to be removed. The application of the idea is full of imbedded consequences. Trained nurses and the

assistants on the hospital staff are so imbued with the idea of keeping wounds clean that it is difficult to teach them the advantages of skillful neglect.

He considers in detail three classes of cases: Those in which we are to have epithelial repair, those undergoing connective-tissue repair, and cases in which we are to have endothelial repair. A case representative of the first class would be an open incised wound of the arm; though the wound may be bathed in pus, if this is wiped away or washed away with antiseptics or even with sterilized water, the result is harmful, rows of young epithelial cells are disarranged or destroyed, and repair is delayed. If we use physiologic salt solution with care, no harm is done except in a mechanical way.

A case representative of the second class would be furnished by a fecal fistula. Here repair is conducted by grouping up young connective cells and delicate granulation tissue, and gradual contraction of the sinus takes place. We are guilty of gross cleanliness if we irrigate such a sinus, distend its walls, and prevent contraction. One of the third class would be furnished by a perforated appendix with peritoneal infection. With the appendix quickly removed, we give nature the best chance, but efforts to wipe off the infected intestine in the peritoneum will result in harm."

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#### VISITING NURSES OF BALTIMORE

The report of the Instructive Visiting Nurse Association, of Baltimore, Md., recently published, shows what a splendid work this organization is accomplishing.

During the past four months, 7,356 visits in all were made. There were 87 cases of typhoid fever and 66 cases of pulmonary tuberculosis cared for. Through the agency of the district nurses 320 patients were referred to various hospitals and institutions, while the gratuitous services of a physician were secured for 57 needy cases.

One nurse devotes herself entirely to the care of the tuberculous, and there is now a most urgent demand for a special nurse for the care of contagious diseases. Unfortunately, the resources of the association are not equal to the demands made upon it, and it finds itself confronted by a serious problem. We cannot believe that the wealthy citizens of Baltimore will allow this great work to be crippled for lack of funds, and that a proper appeal to them at this Christmastide when hearts are warm and purse strings loose, will bring forth a generous response.

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#### DON'T GET TIRED!

It's uncomfortable, enervating and distressing, this tiring overwork.

But now two French savants arise to prove that the tired worker is more liable to accident than the one who is fresh or newly rested. This they establish from official reports of accidents in various trades and occupations, taking their basis of argument from the time of day at which the accident occurred.

From this they argue for more and longer resting periods in all occupations.

Fatigue is the inevitable consequence of all expenditure of energy and, although we cannot do away with it without abolishing work itself, we can at least prevent it from reaching the degree at which its influence in the production of accidents is injurious.

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#### WHY WOMEN OFTEN FAIL IN BUSINESS

In an article in *The Twentieth Century Home*, for November, Elizabeth M. Gilmer gives some reasons why women fail in business, that are worthy of consideration.

The whole human field of labor is now open to woman, and she has laid claim to it. Miss Gilmer finds that "women's achievements have not been equal to her daring, and that more women are ready to tackle a job than able to do it."

"There are many reasons," says Miss

Gilmer, "why this should be so, the first and foremost of which is that women have no inherited instinct for business. For ages the talent for trade has been cultivated in men, until it has become a second nature, while exactly the opposite faculties have been developed in women. More than that, a woman starts into business handicapped by ignorance of even the most common commercial affairs. She has never handled any money. She has never been taught how to make out a check." Any one who has had business dealings with women in a general way, will recognize the truth of these statements.

Another potent reason given is that with the average young woman, work is seldom the end itself, but merely the means to an end. If a woman expects to follow a trade or profession for a few years only, she will not take the same interest in her work or prepare herself for it with the thoroughness of the one who expects to follow it for life. A man who adopts a profession expects to follow it through life, the woman usually till something better offers. This attitude hinders her advancement.

Passing on to the next reason, we find it stated that women as a rule seldom consider their adaptability to any line of work; they do not take up the thing they are fitted to do, but pine for something romantic or genteel. They scorn the practical, give little attention to detail, and none at all to promptness. The writer believes that the gloomy attitude women adopt in regard to work is another cause of failure. They have a grievance at life because they have to work, instead of being glad that they have the work to do. They expect business to be conducted on lines quite impossible. They demand the rights of men, but the attentions of society belles. If a young woman is criticised by her employer, a flood of tears is very apt to follow. In other words, they fail to take their punishment like men. They also have not the same pride in their work as men,

"and it is because of this," says Miss Gilmer, "because to succeed in anything you've got to put pride and the joy of doing it, and the love of the work for the work's own sake, in it, that women fail so often in their undertakings."

Each of us can take these suggestions home and apply them to ourselves. Is our work to be the end or only the means to an end? Are we giving it the best there is in us? Are we proud of it, or ashamed of it? On the answer to these questions will depend our success or failure.

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#### A NEW FIELD FOR NURSES

A Boston department store has found a new field of usefulness for the trained nurse.

It announces that in its infants' and children's department a trained nurse will be employed, who will be constantly in attendance to give advice to young mothers as to the proper dress for infants and children. We see no reason why the idea is not a good one for every large store. The practical and intelligent suggestions which the nurse could offer would prove of inestimable value to the inexperienced woman, and the position, if only temporary, might serve as a restful change for the nurse wearied with the arduous labors of institutional or private nursing. So long as inexperience needs educating, the field of usefulness for the nurse will enlarge.



THIRD ANNUAL GRADUATING CLASS, SOULES HOSPITAL, WESTFIELD, N. Y.

MISS NELLIE G. DAVIS, Superintendent

# In the Nursing World

## **Providence Hospital Nurses**

Providence Hospital Training School for Nurses, El Paso, Tex., graduated its first class of nurses in October. The graduates were Miss Lucy Houghton and Miss Marion Farmer.

Streamers of bunting in blue and white, the class colors, were used to decorate the large ward room at the hospital in which the exercises were held. Dr. Schuster, the president of the Providence Hospital Association, presided over the exercises.

Following an invocation by Rev. J. M. White, of St. Clement's Episcopal Church, Dr. Thompson, the vice-president of the association, addressed the graduating class.

Above all else Dr. Thompson emphasized the need of making usefulness the great aim of the nurse's life.

"The nurse's career," said the doctor, "is extremely useful. Usefulness is above all else. 'In this are ye glorified, that ye bear much fruit.' If, instead of aiming for dollars, you aim for usefulness, you will be what we all expect you to be—noble, useful women."

Dr. Schuster outlined in a scholarly way the development of the practice of nursing. Following his address he presented diplomas to the two graduates, and Miss A. Louise Dietrich, the superintendent of the hospital, pinned upon them the graduate badges.

Dr. Higgins was the last to address the graduates, and he pointed out to them the meaning of the various steps they had taken from the time of their probation up to the day of graduation.

## **Roadside Settlement**

During the year ending this autumn, the Roadside Settlement Workers of Des Moines have maintained through public generosity, a trained nurse, Miss Lucy Bitting, who has been giving good service to the sick among the poorer classes of the city. The management of the Roadside Settlement is characteristic of the Hull House in Chicago and has been growing in usefulness each year since its start, which was several years ago. According to reports of Miss Bitting, her work has been growing in favor and she finds her time all taken up in her chosen vocation; a large number of patients have been attended and a deal of good done in the practical lessons taught in the homes she visited. Miss Bitting

has been retained for another year at the settlement.

## **Des Moines Nurses' Association**

The Professional Nurses' Association, of Des Moines, Iowa, held an interesting session Wednesday, October 5, in the Y. W. C. rooms, a large number being in attendance. Dr. Berry gave an interesting lecture talk on the subject of "Nurses Associations in General." Miss Wilson read a paper on "Consumers' League," and Miss Donahue gave a violin solo with piano accompaniment by Miss Agnes Donahue. Business matters were then discussed and plans made for regular sessions through the winter months.

## **Memorial to Sister Frances**

A committee meeting was held at the mayor's office, Detroit, Mich., October, 1904, to make preparations for the memorial to be erected in honor of Sister Frances, of St. Mary's Hospital. The committee will have an addition built to the hospital and the plans prepared have practically been approved. Sister Frances being missioned to Carney Hospital, Boston, Mass., last September, after forty-one years of active service, her name and work will live long in the memories of the hospital attaches.

## **A Ten Cent Tea**

The Nurses' Alumnae of the Kingston Hospital, Canada, gave a most enjoyable ten cent tea in the Nurses' Residence on October 25, at which the sum of seventy dollars was cleared.

## **Cooper Hospital A. A.**

A regular meeting of the Alumnae Association of the Cooper Hospital, Camden, N. J., was held in the Nurses' Home; the regular routine of business was transacted, after which the meeting adjourned to the banquet hall, for their annual dinner, to which the chief nurses, Miss Cadberry and Miss Dewees, were invited. The dinner was enjoyed in every detail. Many toasts on subjects of interest were responded to, one of greeting and good wishes from the superintendent, Mr. Thos. Waring. At the close of his remarks, the nurses gave him a hearty vote of thanks.

The meeting was largely attended. Regrets from those unable to attend.

P. HARTMAN, Secy





GRADUATING CLASS AND SUPERINTENDENT PENNSYLVANIA ORTHOPAEDIC INSTITUTE, PHILADELPHIA, PA.

### Buffalo Notes

The Nurses' Alumnae of the Buffalo Homeopathic Hospital gave a tea in honor of the graduating class October 19, at the home of Mrs. Paddock, 314 Potomac Avenue, at which the following poem was read. The class consisted of Misses Hawley, Campbell, McClive, Eaton, Wood, Japes, MacIntosh, Joy, Christie, Pearson, Canby and Murray.

#### THE PSLAM OF LIFE.

A POEM DEDICATED TO THE B. H. H. T. S., CLASS OF 1904, WITH ABJECT APOLOGIES TO THE LATE H. W. LONGFELLOW.

##### I.

Tell me not in mournful numbers,  
Nursing is a humdrum theme.  
Nervous patients' broken slumbers,  
Up all nights, and that's no dream.

##### II.

Headache's *real*. Call is earnest,  
"Come at once, prepared to stay!"  
Midnight past, no ear discerneth,  
Patient lives three miles away.

##### III.

Patient worse and doctor grumpy,  
Listen to the tale of woe.  
Four hours' sleep on mattress humpy,  
Fido barking down below.

##### IV.

Convalescents oft remind us  
We can seek some other clime.  
Hope in parting that they'll find us,  
When they're sick another time.

##### V.

Cash is short and time is fleeting,  
Board bills staring in the face.  
In consternation oft repeating,  
"I'll soon go broke without a case."

##### VI.

Let us then be up and doing,  
We can tackle any ill,  
And will give, as per instructions,  
Calomel or sugar pill.

##### VII.

Sugar pills or any other  
Stuff to scatter every pain.  
So, come on, poor ailing brother,  
We will fix you up again.

The November meeting of the Buffalo Nurses' Association was largely attended, many coming to hear Mrs. John Miller Horton, Regent of the Buffalo Chapter, speak on the work of the D. A. R. in preserving historical landmarks.

Mrs. Horton was unable to be present, but she sent regrets in the form of a quantity of beautiful

chrysanthemums and an invitation to the members of the association to be her guests at a special meeting held later.

Miss Gross, superintendent of the General Hospital, kindly offered the use of the gymnasium at the new home for nurses for the meeting.

Eleven new members were elected and seventeen applications received. Mrs. Charles D. Zimmerman, Mrs. Almon H. Cooke, Mrs. Watson, Madame Rath and Dr. Maria John were present as guests. Dr. Johnson spoke briefly on the "Advantages of Club Life for Women."

Mrs. Storck reported the purchase of two pictures for "The Guard of Honor Rooms" by the association, in loving commemoration of Charlotte Mulligan. The president appointed Miss Helen Alt, Miss Mollie Pole Smith and Mrs. Nina Taylor, a committee to have charge of arrangements for the December meeting.

Miss Amy Poole, chairman of the Social Committee, and Mrs. Harriet Dorr Storck, chairman of the Finance Committee, each presented excellent and gratifying reports. Mrs. Edith B. McMahon brought contributions in the form of two checks, one for ten and one for fifty dollars, for the new club house, and Mrs. Jennie T. Anderson reported contributions for one hundred dollars for the same purpose.

Buffalo nurses are beginning to think how they want the new club house to look, where it shall be built, how it shall be furnished, etc.

The association celebrated Hallowe'en with a party at the Nurses' Home, of the Homeopathic Hospital. Miss Black, the superintendent, and her assistant, Miss Landon, assisted by the Homeopathic Alumnae, acted as hostesses. The guests were greeted by ghost-like figures and conducted to the dressing rooms from which they soon emerged transformed into grinning skeletons, ethereal ghosts and a few representatives from the lower regions. It was a little unusual to see devils, skeletons and angels waltzing, dancing the polka, and two-stepping to the tunes of "Where Is My Little Dog Gone," "Money Musk," "Sir Roger de Coverly," and "The Girl I Left Behind Me," or later, to see them relishing doughnuts, chestnuts and cider with genuine mortal relish, but evidently departed spirits sometimes like to "frivol." It was a merry romp and for a few hours enabled the nurses to throw off the serious thoughts and cares that are usually their portion.

Miss Elizabeth Grimm is in Europe; Miss Petrie is in Binghamton for the winter; Miss Hederman is in Hornellsville, and Miss Gertrude Greenwood is in Illinois for an indefinite period.

Miss Louise Greenwood has returned from Michigan, where she was called by the severe illness of her mother.

Miss Beatrice Keys has been appointed superintendent of the Buffalo Woman's Hospital. Miss Keys is a graduate of the Boston City Hospital.

Miss Mary E. Warren, Miss Rose Hoffman, Miss Mary Jayne Cole, and Mrs. Jennie T. Anderson attended the "Presidents' Round Table," of the Western Federation, which was held at the Women's Union, November 20. The following subjects were discussed:

How to start a town or club library.

What benefit, if any, does a country club derive from joining the federation?

Is the present habit of dining and lunching at restaurants conducive to the best home life?

How may good discussions on papers and oral topics be best secured?

Why not have all the clubs in each town or community unite in one organization for systematic work along the line of federation topics?

As an educational factor for-itself is the country woman's club behind that of the city woman's club?

What is ideal club work?

Is there a tendency now to burden literary clubs with demands for outside financial aid?

Would it be advisable to extend the membership in the federation to clubs to which both men and women belong?

Miss Louise Greenwood, Mrs. Jennie Anderson, Miss Minnie Grouenbury and Miss Sylveen V. Nye, attended the sectional meeting of the eighth judicial district on November 5.

The Women's Investigating Club, of which Dr. Mary I. Denton is president, has invited the officers of the Buffalo Nurses' Association to an open meeting to be held at the Historical Rooms on November 11.

The best address given to a graduating class of nurses which we have ever read or heard, and we have read and listened to many, was that given by Prof. Arthur Detmers to the class of

1904 of the Buffalo General Hospital. We have often wondered, and in our minds have protested against the style of address which is usually given at such times. It is not an occasion for overwhelming a nurse with advice that has probably been included in her three years' training. It should rather be of such a nature to inspire a woman for better living, better thinking and loftier aims.

One thought of Mr. Detmers may well be given to every nurse, viz., that we have *two* educations, one which we receive in schools, and the other, the *real* education, that which we give ourselves.

From a social standpoint, the commencement exercises at the Buffalo Homeopathic Hospital was a brilliant success. The exercises were held in the chapel of the First Presbyterian Church. Dr. Lee Seur, of Batavia, gave an ingenious address, taking the initials of the word graduate and of them forming words that go to make up some of the many virtues and qualities that nurses should possess. Generalship, Resourcefulness, Amiability, Dignity, Unselfishness, Attractiveness, Trustworthiness and Enthusiasm. The reception which followed was held at the Twentieth Century Club, where the superintendent, Miss Black, assisted by the graduating class, received the guests.

Miss Margaret Agnew, the newly elected superintendent of the State Tuberculosis Hospital, at Raybrooke, New York, is a member of the Buffalo association.

Miss Josephine Snetsinger has sufficiently recovered from her long and severe illness to be removed to the sanitarium at Castile, N. Y.

A recent visitor to Buffalo was Miss Emma Scott, superintendent of the Florida State Hospital. Miss Scott's excellent work in Buffalo is well known and the hospital securing her services is fortunate.

Another visitor was Miss Mary B. Underwood, both Miss Scott and Miss Underwood demonstrate their belief in organization by retaining their membership in the local association. Other out of town nurses who have also affiliated with the Buffalo Association are Mrs. Jane Chapman, Mrs. Mary Chrysler-Jackson, Miss Stizsinger, Miss Nellie Davis, Miss Anna Lynch, and Miss Amy Buzza.

The Buffalo Nurses' Association is the only organization of its kind in the State Federation of Women's Clubs and is also one of the strongest workers."—*Syracuse Herald*.

The Buffalo Association was represented at the meeting of the New York State Federation of Women's Clubs, which was held at Syracuse November 2, 3, 4, and 5, by Miss Sylveen V. Nye and Miss Amy Poole. Miss Mary Louise Drake who was also a delegate, was at Atlantic City, and unable to attend. Miss Elizabeth Dorchester was an alternate. Buffalo was well represented.

Miss Nye and Miss Poole were guests at a dinner given on the 8th of November at the University Club by Mrs. Davenport, in honor of Mrs. Henry Altman.

#### St. Luke's Nurses

The annual meeting and election of officers of the Alumnae Association of St. Luke's Hospital Training School for Nurses, Utica, N. Y., was held November 1, 1904. The following officers were re-elected: President, Mrs. W. J. Schuyler; vice-president, Miss Cora M. Putnam; secretary, Miss Anna Baker; treasurer, Miss Mary Watson. A paper on "The Message to Garcia" was read by Miss Jennie Reynolds. Refreshments were served by Miss Sutherland.

ANNA BAKER,  
Secy.

#### N. Y. C. T. S. A. A.

The Alumnae Association of the New York City Training School for Nurses held its monthly meetings at the New York Academy of Medicine, No. 17 West 43d Street, on Tuesday, November 8, at 3 P. M. The president, Miss J. Amanda Silver, presided. After the reading of the minutes of the last meeting, two new members were admitted.

A most interesting paper was read by Dr. Edward Milton Foote, on Surgery. Several members who are not often able to be present received most cordial greetings, and old friendships were renewed over the social cup of tea in the banquet hall.

The Contingent Fund of the Alumnae Association of the New York City Training School for Nurses was made the beneficiary of a large sum the proceeds of a birthday tea given by the Misses Canfield, Miller and Yocom, at their residence, 130 West 66th Street, on Thursday, October 27.

The hostesses, assisted by the Misses Grace

Forman, Helen M. Sheehan and Florence M. Kelly, received in the drawing room, which was tastefully decorated with palms and yellow chrysanthemums. In the dining room the Misses Martha C. Drew and Mary R. Gray dispensed goodly cheer.

The refreshments, which were almost entirely the gifts of interested friends, were pronounced good and dainty. The table decorations were in green and white, with a pleasing dash of color from the large bunches of grapes and green leaves arranged about the punch bowl, which occupied the centre position and made things "look so sociable," as one visitor expressed it.

The invitations to the tea were in rhyme, thereby calling forth many humorous and witty replies, which were a great source of amusement to the guests.

The Misses Canfield, Miller and Yocom wish to thank most heartily all who assisted and by their donations made it possible to so largely increase the fund.

#### Pennsylvania State Association

The Graduate Nurses' Association of the State of Pennsylvania held their second annual convention in the College of Physicians at Philadelphia, on October 26, 27 and 28.

The first session was opened with prayer by Dr. J. Henry Addison, moderator of the Presbyterian General Assembly, followed by an address by Mrs. Kirkbride, chairman of the legislative committee of the Civic Club, of Philadelphia. Mrs. Kirkbride welcomed the nurses to the city, not only on her own behalf, but as well on the part of the members of the club, an organization of 600 women, much in sympathy with the nurses' work.

Letters from other influential women's clubs throughout the country were read by the secretary.

Miss Banfield, of Polyclinic Hospital, Philadelphia, made an address which embodied her paper on registration printed in a recent issue of the *American Medicine*. This was followed by an address by Dr. Beatty, chairman of the Examining Board for Physicians of Pennsylvania.

A paper was drawn up by the legislative committee, and read to the association, covering the salient points of the bill, which was not in quite the proper shape for presentation.

Ninety-seven members were admitted.

The association accepted an invitation from Scranton to hold their next quarterly meeting in that city.

The following officers were elected and committees appointed:

President, Miss Anna E. Brobson, 5729 Knox Street, Germantown, Pa.; first vice-president, Miss C. V. Curtis, Phoenixville Hospital, Phoenixville, Pa.; second vice-president, Miss Williamina Duncan, 440 Sixth Avenue, Pittsburg, Pa.; secretary, Mrs. Edwin Lewis, 523 2d Street, Braddock, Pa.; treasurer, Miss A. M. Shiels, The Infirmary, Mt. Airy, Pa.; chairman Membership Committee, Miss Nellie Cumiskey, 741 Spruce Street, Philadelphia, Pa.; chairman Legislative Committee, Miss Edith Madeira, 320 Walnut Street, Philadelphia, Pa.; chairman Revision of By-Laws, Miss Helen Greaney, 401 Oriental Street, Atlantic City; chairman of Nominating Committee, Miss Green, Memorial Hospital, Johnstown, Pa.; chairman of Press and Publication Committee, Miss Mary J. Weir, South Side Hospital, Pittsburg, Pa.

M. J. WEIR,  
Chairman Press and Pub. Com.

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#### Philadelphia, (Pa.) Notes

The regular monthly meeting of the Alumnae of the Woman's Hospital Nurse Training School, Philadelphia, Pa., was held at Woman's Hospital, November 9, 1904.

Twenty-nine members were present. Meeting was called to order by the president, after which minutes of the previous meeting were read and approved. Five new members were admitted and several names proposed for membership.

The treasurer of Nurses Endowed Bed Fund reported one thousand, eight hundred and forty-seven dollars now on hand. A thanks offering for Bed Fund was collected from members present, which amounted to \$9.00 and \$13.00 promised.

After the meeting adjourned the alumnae members were entertained to coffee and cake, by Dr. Seabrooke, whose kindness to the nurses is very much appreciated.

JANE LOVE,  
Rec. Secy.

A well-attended meeting of the Medico-Chirurgical Alumnae Association, was held at the hospital Wednesday, November 2, at 3 p. m.

Miss Anna Davis presided in the chair.

Several corrections were made in the October minutes. Two members took pledge of loyalty. Two new members admitted.

Miss S. G. Baker withdrew her name from Committee on Entertainment.

A letter was read from Miss M. Houston, who has been ill.

Nomination of officers for the coming year took place. Officers will be voted in at the December meeting. We hope to have a large number of nurses present.

After the meeting, tea was served in the reception room, Misses Davis and Peanne acting as hostesses, in place of Misses Groff and Lobb, who were appointed to serve at last meeting.

Officers nominated: For president, Anna G. Davis, Gertrude Gerhard; for vice-president, Miss Laura J. Peanne, Miss Susan G. Baker; for corresponding secretary, Sara Groff, Catherine Cubberley; for financial secretary and treasurer, Gertrude Gerhard, Anna Lehman.

E. M. RITTER,  
Cor. Secy.

The Alumnae Association of St. Joseph's Hospital, Philadelphia, held their quarterly meeting late in October. The annual election of officers took place and Miss Mary St. C. Mulholland and Miss Elizabeth Albert were re-elected to their positions as vice-president and secretary. The president of the alumnae is (and will always be, as arranged), the superintendent of nurses at the hospital, Sister Clara.

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#### Lackawanna County Nurses Association

The local nurses' alumnae associations of Lackawanna County were called together September 16, 1904, for the purpose of forming a county association.

The Lackawanna County Nurses' Association was then formed, with the following officers: President, Miss E. Gamewell, Scranton; vice-president, Mrs. M. L. Bailey, Carbondale; secretary, Miss Ora E. Loomis, Carbondale; treasurer, Miss Burn, Scranton. Miss Ora C. Loomis was chosen as delegate to represent the association at the State Convention at Philadelphia.

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#### The Lebanon Hospital A. A.

The Lebanon Hospital Alumnae Association held a special meeting at the hospital, Tuesday, November 8, which was largely attended.

The president, Miss Grace Harrington, was in the chair.

During the usual routine of business, a motion was made and passed, calling for the appointment of a committee to engage lecturers on various subjects during the coming winter, the Misses R. Saffen, E. Nesbitt, I. Michaelson, L. Doyle

and M. Hinrichs being appointed the committee.

After the meeting the application blanks for State registration were distributed amongst the members present.

The meeting adjourned at 4.30 P. M., after which a dainty luncheon was served.

MARY DALTON, Secy.

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#### St. Barnabas N. A. A.

The regular fall meeting of the alumnae association of the Hospital of St. Barnabas Training School for Nurses, Newark, N. J., was held October 13, 1904. Fifteen members were present. The meeting was one of unusual interest.

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#### St. Louis Notes

The Associated Nurses of St. Louis tendered the Spanish-American War Nurses a very pretty reception at the Fraternity Building, World's Fair Grounds, Thursday evening, November 10. A very enjoyable evening was spent renewing old friendships and making new ones.

Mrs. Gibson, president of the Associated Nurses, received, assisted by Miss Rice, superintendent of the Centenary Hospital, Mrs. Smith, superintendent of nurses of The Missouri Baptist Sanitarium, and several members of the association. Refreshments were served during the evening.

We were all glad to welcome the Spanish-American War veterans to our city and Fair, and were sorry their stay with us was so short.

Among the nurses visiting the Fair and city recently were: Miss Grace Spaulding and Miss Theresa Bean, of St. Lawrence Hospital, Ogdensburg, N. Y.; Miss Kepner, Miss Tenpfly, Miss Garrison and Miss Hubert, State Hospital, Danville, Pa.; Miss McKennon, graduate of the Charity Hospital, Philadelphia, Pa.; Miss Agnes R. Kilbridge, Abbott Hospital, Minneapolis, Minn.; Miss Frederick, graduate of Rebekjah Hospital, St. Louis, and ex-head nurse of the same, now engaged in private nursing at South McAllister, I. T.; Miss C. E. Allen, district nurse, Columbus, Ohio, and a graduate of the Protestant Hospital there; Miss Tayler, graduate of Chester County Hospital, West Chester, Pa.; Miss Tayler is very much interested in anthropology and is a member of the Anthropological Society of Pennsylvania. She is doing private nursing in Media, Pa. Miss Rose Geary, graduate of U. B. A. Hospital, Grand Rapids, Mich., in charge of Lockwood Hospital, Petroski, Mich.;

Miss Amy Geary, graduate of Harnot Hospital, Erie, Pa., in private practice there. Miss Dorsey, of the Moses Taylor Hospital, Scranton, Pa.

One of the pleasant features in the line of entertainment tendered the Spanish-American War Nurses, while in session at the "World's Fair City," was an "at home," given by the McKinley Home Nurses, at their headquarters, 3943 Olive Street. Miss Margaret McKinley, on behalf of the nurses, expressed herself as to the pleasure all felt in meeting their sisters who had braved so much for the comfort and happiness of others.

The "home" was beautifully decorated for the occasion, pink, carnations and maiden-hair fern being the flowers chosen. Although the weather without was disagreeable, nothing inside would suggest anything but the brightest of days.

White was the preferred dress, and the young ladies looked charming in their chosen attire, particularly the Democrats of the party, who wore broad bands of crepe on their arm, it being the day Roosevelt was returned to the presidential chair. On either side of the hall a room was prepared to receive the guests. One for the Democrats, and one for the Republicans, the room for the former being draped in mourning, the latter being gaily decorated in red.

As the guests entered they were asked as to their politics, and were accordingly tendered a welcome in the hall of mourning or the court of splendor; this brought forth considerable mirth on the part of the guests, who all entered heartily into the joke. Refreshments were served during the afternoon and a general conversation regarding the advantages gained from a visit to the Fair was indulged in to the profit of all present.

Among the Spanish-American war nurses attending the convention and "doing" the Fair, were: Mrs. Ludlow, graduate of Blockly Hospital Training School, vice-president of the association, acting president of the recent meetings in the absence of the president, Dr. Newcombe McGee; Miss Essie Jackson, graduate of the Episcopal Hospital, Philadelphia, treasurer of the association; Miss Wilson, graduate of Boston City, Boston, Mass., secretary of the association; Miss Lyons, graduate of Blockley, Philadelphia; Miss Gleason, Cleveland, Ohio; Miss Groves, Massachusetts Homeopathic, Boston, Mass.; Miss A. E. Kimper, graduate New Jersey Hospital Training School; Miss Bertha Schmidt, graduate German Hospital Training School, Chicago; Miss Jamesgaard, graduate City and County Hospital, St. Paul, Minn.; Miss Hannah A.

Kollem, graduate City and County Hospital, St. Paul, Minn.; Mrs. W. P. Mintier, graduate Grace Hospital, Detroit, Mich.; Miss Paterson, graduate New Haven State Hospital Training School, Connecticut; Miss M. E. Morse, Cottage Hospital, Peoria, Ill.; Miss Copeland, graduate M. E. Hospital, Brooklyn, N. Y.

#### Connecticut State Association

The regular quarterly meeting of the Graduate Nurses' Association of Connecticut, was held in Clinic Hall, New Haven Hospital, November 9.

The president, Mrs. Mary I. Fuller, called the meeting to order at 10.30 A. M. There were about one hundred nurses present.

Rev. Mr. Perry, rector of St. Paul's Episcopal Church, offered prayer and read the twenty-seventh psalm. An address of welcome was read by Mr. Coddington, superintendent of the New Haven Hospital.

The president announced that the treasurer, Mrs. M. J. C. Smith, was absent on account of the death of her mother. Miss R. M. Heavren was appointed treasurer pro tem.

The secretary, Mrs. I. A. Wilcox, read the minutes of the last meeting, which were approved and accepted.

The proposed bill was then taken up and read section by section, freely discussed and several amendments made. At 12 o'clock, when the third section had been discussed and amended, the meeting adjourned until 2 P. M.

A 2 P. M. the president called the meeting to order. Dr. Wm. G. Daggett gave an able address on registration, explaining the benefit it will be to the public as well as to nurses, and also gave some very useful suggestions as to how to proceed to obtain registration in this State.

The proposed bill was again taken up beginning with Section 4 and continuing until the bill was amended to the satisfaction of the majority.

It was voted that the Executive Committee hold a special meeting to consider the bill after redrafting same as amended.

It was voted that the Executive Committee appoint a committee consisting of nurses from different parts of the State to work with the Legislative Committee in securing legislation.

Mrs. I. A. Wilcox moved that we render a vote of thanks to Mr. Perry, Mr. Coddington and Dr. Daggett for the services rendered the association. It was unanimously carried.

Miss Mary L. Bolton, of Bridgeport, moved that we render a vote of thanks to the Entertainment Committee. It was unanimously carried.

Miss Muir extended an invitation to the association to meet in New London the first Wednesday in February.

The meeting then adjourned.

#### Connecticut Training School A. A.

The regular monthly meeting of the Alumnae Association of the Connecticut Training School for Nurses was held at the Nurses' Home, Howard Avenue, November 1, at 3 P. M. The president, Mrs. Bergh, was in the chair. There were nineteen members present.

The secretary, Mrs. Wilcox, read the minutes of last meeting, which were accepted.

Mrs. Lockerty, chairman of committee on entertainment for State Association meeting, to be held November 9, reported that Miss Greeley and Miss Belser, graduates of Grace Hospital, were efficiently assisting her in the work.

The treasurer of Endowment Fund reported that contributions were coming in slowly. The subject of holding a Fair shortly before Easter to raise money for said Fund, was discussed, and all present promised to interest their friends and to help in every way possible to make it a success.

A letter from Mrs. L. W. Quintard was read regretting that she could not attend the meeting.

Mrs. Wilcox asked that members who had the time would prepare a paper to be read at future meetings.

The meeting adjourned until the first Tuesday in December.

#### A Hallowe'en Party

For several years it has been the custom of the Alumnae Association of the Orange Training School to recognize and welcome with a reception their new sisters about to become graduated nurses. This year a party—very informal—was held "at candle lighting time" at the nurses' headquarters, 449 Main Street.

To simply say that a good time was enjoyed by all and that the rooms were prettily decorated would be slighting due credit to the committee who had the party in charge.

Three spacious rooms, all opening one into the other, had been cleared of superfluous furniture, and these, together with a dear little cozy room adjoining one of the larger rooms, were decorated with an abundance of autumn foliage, chrysanthemums and greens, and were arranged in every way for the pleasure and comfort of the guests.

The supper room was unusually decorated with pumpkins. Glaring at us from the mantel were

two jack o'lanterns, and suspended as a chandelier over the bountifully laid table was a unique and skillfully carved hanging "jack."

The centre decoration of the table was a pumpkin basket of fruit so cleverly carved and so temptingly filled and decorated as to almost, if not quite, deserve being called a "work of art."

Musicians stationed in the hall kept up a flow of lively music and the happy hours seemed to slip away too rapidly.

#### Personal

Miss E. M. Rice, a graduate from the Clifton Springs Sanitarium and Training School for Nurses, has recently taken charge of the nursing department in connection with the Home for Christian Workers, at Albany, N. Y.

Mrs. McDonald and little daughter, of Buffalo, N. Y., spent a few days recently at the Nurses' Club, 29 Henry Street, Detroit, Mich. Mrs. McDonald was Miss Savoy, of St. Mary's Hospital, Detroit, Mich., Class of 1899.

It is with regret that the club at 29 Henry Street Detroit, Mich., has lost an efficient member in Miss Urban, of St. Mary's Hospital-Class of 1901, who has left for Toledo, Ohio, her former home, to do private nursing.

Miss Mabel Garrison and Miss Edna Holland, both graduates of Wichita Hospital Training School, had a pleasant re-union at St. Louis, where they spent two weeks enjoying the Fair. Miss Garrison resides in Oklahoma City and Miss Holland in Cincinnati.

Miss Blanche Stair, of Cincinnati, Ohio, assistant superintendent of Levering Hospital, has resigned her position. Miss Jessie Mabry, Miss S. Van Cleaves and Miss Gertrude Lesher have also tendered their resignations, as nurses in the same institution.

Miss A. Jennette Whitney and Miss Mary C. Robertson left St. Louis on October 15 for Philadelphia, to take a course in massage and gymnastics at the Pennsylvania Orthopedic Institute and School of Mechano-Therapy. Miss Whitney is a graduate of the Methodist-Episcopal Hospital, of New York, and was later head nurse at the Trinity Hospital New York, and assistant superintendent of nurses at the Worcester City Hospital, Worcester, Mass. Miss Robertson is a graduate of the Women's Hospital, St. Louis, and

both have been engaged in private nursing in St. Louis.

#### Births

In August, to Mr. and Mrs. C. C. Corey, a daughter. Mrs. Corey was Miss Allen, graduate of St. Mary's Hospital, Detroit, Mich., class of 1902.

In October, to Mr. and Mrs. Shultz, a daughter. Mrs. Shultz was Miss Bailey, of St. Mary's Hospital, Detroit, Mich., class of 1897.

#### Married

A very pretty wedding took place October 19 at 8 A. M. in St. Patrick's Church at Green Bay, Wis., when Mr. Patrick Moloney and Miss Helen E. Guolee, both of that city, were united in marriage. The bride is a graduate nurse of the Palmyra Springs Sanitarium.

Miss Sara Stanford, graduate of the Connecticut Training School for Nurses, class of 1895, and a member of the Order of Spanish-American War Nurses, was married at New Haven, November 9, to Mr. George Brown, formerly of Litchfield, Conn. They will be at home at 238 Carmer Street, New Haven, after December 1.

Miss Margaret Holihan, a graduate of St. Mary's Hospital, Detroit, Mich., class of 1903, was married October 26 to Dr. Cunningham, of Detroit. Dr. and Mrs. Cunningham, after an extended wedding trip, will reside in Detroit.

At Seattle, Wash., October 8, 1904, Miss Jessie Donaldson and Mr. George Clark. Miss Donaldson graduated from Cincinnati Hospital in 1899 and has been active in her profession ever since.

At the home of Mr. and Mrs. J. A. Hilderbrand, Cedar Rapids, Iowa, October 11, 1904, Miss Ella Lightfoot and Mr. David Irvine, of Traer, Iowa. Mrs. Irvine is a graduate of St. Luke's Training School, class of 1894. Since her graduation she has been engaged in general nursing. She leaves a host of friends, who join in wishing her the happiest of futures.

Miss Agnes Glenny, a graduate of Grace Hospital, Detroit, was married to Mr. Frank Bourne Lake, October 1. Mr. and Mrs. Lake will reside in Lansing, Mich.



The nurses of St. Joseph's Hospital, Philadelphia, Pa., unite in offering best wishes to their former classmate, Mrs. Elmer Morton Naille. Mrs. Naille was Miss Madge Thomas Reifsnieder, class of May, 1901.

The home of Harry W. Messler, No. 8 Grove Place, Norwich, Conn., was the scene of a pretty wedding, when his sister, Miss Emma S. Messler and J. Philip Kirch, of Plainfield, N. J., were united in marriage in the presence of relatives and friends. Rev. August H. Winter, pastor of the German Lutheran Church, performed the ceremony impressively. Chrysanthemums were very artistically used in the decorations. Mrs. J. W. Van Syckle, of Whitehouse, N. J., sister of the bride, was matron of honor, and Harry W. Messler, the bride's brother, was best man. The ring bearer was Douglass LeRoy Kirch, the little son of the groom. The bride wore white peau de cygne and carried bride's roses, while the matron of honor was in white silk. The ceremony was followed by a short reception and refreshments were served.

Many beautiful wedding presents were received by the bride, who is a graduate of the Mulhenberg Hospital Training School, class of '98, and who has been for a number of years matron of that institution. After a short visit in Norwich, Mr. and Mrs. Kirch will leave for Plainfield, N. J., where they will reside.

#### Obituary

Newark, N. J.—The members of the Alumnae Association of the Hospital of S. Barnabas Training School for Nurses learned at their fall meeting, October 13, 1904, of the death of Miss Angelena M. Windeler, of the class of 1896, on July 19 last, after an operation for appendicitis, the following resolutions were adopted:

"Whereas, We learn with deep regret of the death of our associate, Miss Angelena M. Windeler, who has been a nurse in active service since her graduation, and whose life has been one of faithfulness and conscientious work, therefore be it

"Resolved, That we, the members of this Alumnae Association, of the Hospital of S. Barnabas Training School for Nurses, desire to express our deep sorrow for her death, and to extend to her family our heartfelt sympathy in their bereavement.

"Resolved, That a copy of these Resolutions be sent to her sister, a copy to THE TRAINED NURSE, and a copy recorded in the minutes of this association.

JEAN COUCHER,  
ANNIE BICKNELL,  
EMMA YOUNG,  
Committee."

Harriet D. Wagner, a trained nurse, who resided with her parents in Des Moines, Iowa, died at University Hospital, Iowa City, Tuesday evening, October 4, from the effect of an operation for appendicitis. Miss Wagner was twenty-three years of age, a high school graduate, and a graduate of the Hospital Training School where she was operated on and died. She was a bright, lovable girl and a trusty, devoted nurse.

It is with deep sorrow that the members of the Class of 1906, of the Buffalo Hospital, of the Sisters of Charity Training School for Nurses mourn the loss of their friend and classmate, Clara Dennizen, who died at the Sisters' Hospital, on October 28, 1904.

Miss Dennizen, with her happy disposition, was beloved not only by the members of her own class, but also by all the nurses of her school and those with whom she came in contact.

By her bright smile and winning manner she won the confidence and love of all her patients. She was a cheerful, indefatigable worker, showing great patience, personal interest, and kindness in her work.

Although we feel that our loss is her gain, we can well say of Miss Dennizen that "none knew her but to love her, none named her but to praise."

CLASS OF 1906.

(Nursing World continued on pages 416, 418, 420)

# The Editor's Letter-box

The Editor is not responsible for the views of contributors.

## A Rare Case of Pneumonia

I was called to a case of pneumonia September 16, 1904. Patient, a baby, nine months old, who had always been perfectly healthy and robust. Child had had a chill the day before I was called. The doctor pronounced trouble pneumonia, right lung only involved, on morning of September 16. General condition very good, and temperature during day varied from  $101^{\circ}$  to  $101.3^{\circ}$ ; orders milk every three hours, Panopeptone,  $\frac{3}{4}$ i. every hour, and wet compress to lungs. Bowels and stomach in good condition. During the evening the arms, hands, legs and feet became bright red. This red condition faded towards morning, leaving a thick, non-elevated rash under the skin, which the doctor pronounced next day purpura.

*September 17 and 18.*—Eyelids badly swollen. Muscular soreness over entire body. Legs drawn up over abdomen, child lying on back. No cough, no coryza. Sleep heavier. Treatment the same, with the addition of warm tub-baths, temperature of water to be one degree lower than temperature of body. Temperature from  $102^{\circ}$  to  $104^{\circ}$ . Pulse, 130 to 140. Respiration, 50 to 70.

*September 19.*—Vomiting commenced. Baby was more irritable and seemed in intense pain when touched. Refused food. Began to cough, and appeared most comfortable when turned on right side. Brandy, gtt. x. added to treatment, also quinine, by suppository. Temperature, pulse and respiration about the same.

*September 20, Fifth Day.*—Baby moaned piteously every time he was touched. Baths were omitted, and cold applied to head and spine. Stomach in better condition. Respiration irregular. Bowel movements frequent—stool undigested and mixed with much mucus. Temperature,  $103^{\circ}$  to  $105^{\circ}$ . Pulse, 140–150. Respiration, 56–76. Rash slowly disappearing.

*September 21, Sixth Day.*—Baby in great pain. Kept putting hand to right ear, which doctor found abscessed towards evening. Bromide was given when pain was too severe. Stomach and bowels in better condition. Brandy stopped. Quinine suppository t.i.d. Warm baths recommenced. Temperature,  $104^{\circ}$ ,  $105^{\circ}$ . Pulse, 160, 170. Respiration, 80.

*September 22, Seventh Day.*—Doctor pronounced whole condition better. Lung was

almost clear. Stomach, bowels and heart in good condition. Towards evening, right arm began to swell and be painful if touched. Later, right shoulder and breast swelled considerably. Temperature,  $103^{\circ}$ ,  $104^{\circ}$ . Pulse, 160 to 170. Respiration, 50 to 82.

*September 23 and 24, Eighth and Ninth Days.*—Baby's condition not so satisfactory. Arm still swollen and sore. Splint was applied. Loss of appetite. Bowels moving seven and eight times in twenty-four hours. Stool undigested, and full of mucus. Treatment consisted of ointment (containing salicylates) to right arm, bath every three hours. Nourishment (milk and panopeptone) every two hours. Chest and back rubbed with chloroform ointment every six hours. Turpentine vapour to be used in room for fifteen minutes every three hours. Brandy, p. r. n. Temperature,  $103^{\circ}$ ,  $104^{\circ}$ . Pulse, 180 to 200. Respiration, 60–70.

*September 26, Eleventh Day.*—Baby coughing and very restless. Left ear aching. Vomiting. Applied cold to stomach. Right arm quite stiff. Bowels better, temperature lower, pulse still regular and easy to count. Temperature  $100^{\circ}$  to  $103^{\circ}$ . Pulse, 130 to 160. Respiration, 50 to 70.

*September 27, Twelfth Day.*—Left lung consolidated. Stomach and bowels in good condition. Returned to compress, wrung out of water at  $80^{\circ}$  F. to left lung. No appetite. Baby anxious to sleep. Temperature  $104^{\circ}$ . Pulse, 140 to 160. Respiration, 52 to 86.

*September 29, Fourteenth Day.*—Baby had an excited expression. Kept biting thumb. Doctor lanced gum. Towards evening, baby grew more excited, eyes very bright, pupils contracted, occasionally would give a sudden cry. Looked frightened and anxious while being bathed, and resisted most of the time. Temperature, pulse and respiration about the same.

*September 30, October 1.*—Baby still in unnaturally bright condition. Eyes wide open, watched every movement in room. Cried when any one went near the crib. Woke up from sleep when one stood and looked at him. Towards evening of October 1 was very nervous, and jumped suddenly frequently.

*October 2 and 4.*—Condition much the same. Baby still very nervous. Slept probably eight hours in twenty-four. Face still anxious and at

times looked very tired. Still cried aloud at frequent intervals. Pulse began to fail. Right arm still stiff, hot and swollen. Legs flexed all the time. No appetite, but would take nourishment. Milk, 5xx. in twenty-four hours. Pano-peptone stopped. Brandy given regularly, gtt. xx. every four hours. Ferri-chloride, ii. every four hours. Hot baths (two degrees above temperature of body) when temperature was over 103°. Soda bicarb. solution applied to arm. Chest and back rubbed with chloroform liniment every six hours. Bowels in good condition. Bromides given for nervous condition.

*October 6.*—Vomited frequently. Slept little, and very easily disturbed. Still crying aloud frequently. Showed some hesitancy about swallowing. Towards evening, pupils dilated widely. Temperature 100° to 102°. Pulse very weak at times, 118 to 130. Respiration, 60 to 64. Baby was in convulsions from 3 A. M. October 7 until 3 P. M. October 8, when lumbar puncture was performed. Eyes were wide open, pupils dilated, and sight entirely gone, from the evening of October 6. The face assumed a tired, worn expression. The entire body was rigid after the convulsions, head thrown back, one shoulder higher than the other, feet pointed downwards, toes turned in. He died October 10, at 10 A. M. Death certificate read: "Cause of death, pneumonia, with general poisoning, ending with cerebral meningitis."

MARY ST. C. MULHOLLAND.

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#### "District Nursing in Albany"

DEAR EDITOR: As I have recently been brought into contact with the work here, I felt your readers might like to know something of the work among the poor. We were called not long ago to a destitute section of the city. We climbed up several rickety old stairs to a house in a back yard, the home of a poor child, sixteen years of age, whom we found in the last stages of tuberculosis. We learned later the disease was aggravated through lack of proper nourishment, the husband and father being a useless drunkard.

The child was lying on an old feather bed with no covering but an old counterpane. Her hair was matted, her skin dirty, and the general condition of the bed indescribable. She had had no care, as her mother was ignorant of the first principles of nursing. When we entered the mother said, "Oh, she is too far gone to do anything for."

"Oh, Ma, please let them do something," came weakly from the bed. On investigating,

we found a burning bed sore, which we relieved somewhat by zinc oxide ointment.

The neighbors became interested and we succeeded in procuring fresh bed linen and other supplies.

We made her poor emaciated body as comfortable as possible with pillows, and we had the satisfaction of hearing her say, "Oh, how good!" She passed away at the end of three weeks, and we have reason to believe our service was not all in vain, as she brightened enough to sing with us.

Another day we visited a Jewish woman suffering from pulmonary tuberculosis. The whole family was living in two or three dirty rooms, in an upper flat.

As the habits of the family were anything but sanitary, our nurse had a time renovating and cleaning out bedbugs, vermin and other inconveniences.

By placing her in the sunshine every day, she improved rapidly, so much so that she was able to travel to one of our mountain sanitariums.

We have many obstetrical cases. Some who have only one room in which to eat, sleep and cook, have the added burden of a poor, helpless infant.

We visit young mothers who have no knowledge whatever of the care of children, and by attending to the baby a few mornings we teach the mother how to wash, dress, feed and otherwise care for the little one. It is appalling the ignorance met with in our work.

We have at present eight nurses training in this line of Christian work, all very efficient girls. We hope before another year to have increased our forces, so we can meet all demands made upon us.

Sincerely yours, EDITH M. RICE,  
Graduate of the Clifton Springs Sanitarium.

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#### Answer to Non-Graduate

DEAR EDITOR: I am a subscriber to THE TRAINED NURSE, and heartily enjoy reading it. In the October number, there appeared an article by a non-graduate criticising the graduate nurse, and which in turn I should like to refute, being a graduate. I wish to state I am on an obstetrical case at the present time, and have a great number of these cases. I never wash the baby's clothes, or do the housework, as I am not even expected or asked to do it. I devote all my time to the care of the mother and the baby, and take entire charge of my patient's room. If I undertook to do the housework, either the housework or my patients would be neglected. I believe if one

takes up nursing as a profession she wants to make a success of nursing, and not housework or washing. I wish also to state I have never had trouble with any of the help in the various families I have nursed. And, if as your non-graduate stated, that the graduate nurse refused to return the tray, after it was brought up to her, I consider her very much at fault. It is very unjust, because one nurse did not fulfill her duty, the other graduate nurses are judged accordingly. I do not think a non-graduate should earn the same salary as a graduate nurse. I know of one who receives the same, and have heard of others. How much better it would have been for this non-graduate nurse to have made an extra effort to finish her course. I have a friend who started in training as a nurse when I did, and was my class mate, but was stricken down with typhoid fever, and before she was convalescent from that, she was taken with mastoiditis and had an operation. She took a year or eighteen months' rest, then came back and continued in training. Now she has graduated and is a successful nurse, earning her \$25 per week. I hope this non-graduate will reconsider and cultivate courage and patience, and finish her course in the hospital, and see how much more pleasant it is to be a successful professional nurse, earning her \$25 per week, than to be a non-graduate, and to be expected to do the housework and washing. Yours truly,

A GRADUATE NURSE.

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#### An Unusual Case

DEAR EDITOR: I appreciate so much, having the nurses tell of their unusual experiences, I

would like to relate, and ask questions of a certain case.

A young girl, living on the farm, age nine years, weighing one hundred and seven pounds. Goes to school, does not play with the children, though she is a nice little girl and well liked.

She entered the puberty age at seven and one-half years of age.

Apparently she is fifteen instead of nine in her stage of development. She is well always, has a beautiful complexion.

Does not have headaches as much as she did before the beginning of the menstruation flow.

At first, for two periods, there was a mere staining of the clothes each day. At about six months the flow was excessive, using fifteen or twenty napkins, while now she uses but six daily.

Should this cause alarm at so very early date, or is she not likely to lose her strength at the time she should be growing stronger and taller?

Would it be dangerous for such a person to use douches of one part saturated alum and four parts water after the flow has existed for four days?

I hope this will reach some nurse who has never heard of such a case so young.

ELIZABETH COLBY.

[This is one of those rare cases of excessive development of which precocious menstruation is a part. It does not call for any special treatment, other than watching the *mental* and *moral* development of the child. Both of these are apt to be less developed than the physical. The use of the astringent douche does not seem to be needed in the case you describe.]

#### Minneapolis Notes

Miss Ida H. Larsen has been appointed head nurse at Kalispell Hospital, Kalispell, Mont. Miss Larsen is a graduate of the City Hospital School for Nurses, Minneapolis.

Miss Minnie McBride and Mrs. W. H. Bryant graduates of the City Hospital School for Nurses Minneapolis, have departed for Kalispell, to work in a hospital.

Dr. W. A. Jones addressed the graduating class, on Friday, November 18, at the Northwestern Hospital.

Dr. Marion A. Meade has opened a home for Nurses, at 1502 Third Avenue, South. This is the first home of its kind in the city and has every home comfort, very centrally located, telephones,

etc., and will be greatly appreciated by many nurses.

Miss Edna Taylor, who has been spending the summer with a patient at Leach Lake, Minn., has returned to the city and accepted the position of district nurse.

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#### Dutchess County Graduate Nurse's Club

The fourth annual meeting of the Dutchess County Graduate Nurses' Club, of Poughkeepsie, N. Y., was held at the club room, November 14. The reports were encouraging, no resignations having been received and four new members added. Among the most pleasant events noted were the anniversary dinner held at Smith Brothers' and the Hallowe'en party given by Miss Deyo at Vassar Brothers' Hospital.

EDITH M. RANSOME, Secy.

# The Hospital Review

At Waterloo, Iowa, October 9, the Presbyterian Synodical Hospital was dedicated. President George E. McLean, Ph.D., LL.D., of the State University of Iowa, delivered the address while the citizens of the city and members of the board and staff participated in the general exercises. The hospital was constructed under the patronage of the Synod of Iowa, and the generosity of the city's citizens, but will be under the management of a board of control and will be open to patients of any sect, from abroad or at home. The nursing force will consist of regular trained nurses, with cadet helpers, and a training school will later be established. The building is thoroughly modern, finely furnished and equipped. It is built on high ground, occupying an entire block. Special attention has been given to perfect ventilation, and admittance of sunlight. At present it has but forty beds, in wards, but there are quite a number of nicely furnished private rooms, donated by individuals and organizations. The cost of the building alone was \$35,725. This is the only Presbyterian Hospital in Iowa and will be of great advantage to the city and the people of Northern Iowa as it is easily reached and will be conducted under strictly modern methods.

Mercury Hospital, Clinton, Iowa, is to have a new addition 40 by 46, two stories, the work being already begun.

At Osceola, Iowa, October 1, Drs. F. Wesley Sells and H. L. Hollenbeck, two bright and enterprising young physicians opened a private hospital and training school for nurses. It accommodates twenty beds, has all modern conveniences, as electric lights, steam heat, baths, etc., a modern operating room, electric and X-ray rooms; microscopic, chemical and medical laboratory. Closed carriages meet all trains; patients can choose their own doctors and nurses. Several of Iowa's best physicians are on the consulting staff. Miss Margaret Van Patten, a well-known Iowa nurse is the superintendent in charge.

Dr. J. L. Klein and Dr. A. J. Weaver, of Muscatine, Iowa, are putting an addition to a building owned by them and fitting it up for a private hospital to be opened late this fall.

At Foster's Opera House, Des Moines, Iowa, evening of November 1, a grand benefit concert was given for Mercy Hospital, Dr. Arthur Heft, violinist, in charge. A delightful musical programme was given, consisting of violin and stringed orchestra numbers, vocal solos, quartettes and duets, with violin and piano accompaniment. The entertainment was largely attended by a fashionable and appreciative audience. The proceeds of the concert go toward establishing a large children's ward for the hospital.

By the will of the late James Callanan, a millionaire of Des Moines, the Methodist Hospital of that city was generously remembered by a gift of \$60,000. Other institutions in the city were also remembered as follows: Home for Aged, \$20,000; Children's Home, \$10,000; Home for Aged Colored People, \$5,000; Salvation Army Home, \$20,000; Humane Society, \$20,000; Benedict Home for Women, \$5,000.

St. Joseph Hospital, Keokuk, Iowa have plans ready for a four-story brick addition 43 by 100, to cost \$20,000.

The following is an abstract from the report of Mercy Hospital, Wilkes-Barre, Pa., for term of ten months ending December, 1903.

Patients treated in the wards and private rooms: Medical cases, 484; surgical cases, 939; males, 817; females, 606. Total, 1,423. Charity cases, 1,060; pay cases, 363.

Patients treated in the dispensary: Medical cases, 123; surgical cases, 544. Total, 669. These were all charity cases. Total number of visits to the dispensary, 2,945.

Total number of cases treated at the hospital during this year and ten months, 2,090. Of these 2,090 cases, 1,727 were charity cases and only 363 were pay cases; that is, 82 and 6-10 per cent. of all cases treated were charity cases—treated free of charge.

Of the 1,423 cases treated in the wards and private rooms, 1,088 cases, of 76 and 4-10 per cent. were cured; 199 cases, or 14 per cent., were benefited, making a total of 90 and 4-10 per cent. of all cases cured or benefited. Twenty-three cases were not benefited, making the small percentage of 1 and 6-10 per cent. who were not benefited. Forty cases left before cured. Dur-

ing this year and ten months 117 cases died, making a total death rate of 8 per cent. Thirty-four of the above deaths occurred within twenty-four hours after admission and were cases so badly injured that nothing could be done for them except to make their last hours as comfortable as possible. Excluding these thirty-four cases, the death-rate would be only 5 and 8-10 per cent.

Prescriptions filled for house patients numbered 22,878, and for dispensary cases, 11,160, making a total of 34,038 prescriptions filled. Two of the sisters, after four years of hard theoretical and practical study in the drug room, under the instruction of Dr. C. R. Grosser, a practical druggist, appeared before the State Board of Examiners in Pharmacy this spring and were among the very few in the class who received diplomas as registered pharmacists. They were highly complimented by the examining board and emerged from the ordeal near the head of the class. Mercy Hospital is now one of the very few hospitals in the State, and the only hospital in northeastern Pennsylvania, whose prescriptions are compounded by registered pharmacists. This is one of the indications pointing to the determined and successful efforts of the management to make the institution one of the best of its kind.

The aggregate number of days that all patients were in the hospital during the year and ten months amounted to 27,605, or equivalent to seventy-six years.

The total receipts for the one year and ten months were \$33,169.15. The amount paid out was also \$33,169.15. Our rate of maintenance per day, per patient, was a fraction over 99 cents. This is the lowest rate of maintenance of any hospital in Pennsylvania according to the last report of the State Board of Charities.



The trustees of St. Luke's Hospital, Chicago, Ill., have decided to build a deaconess home on the site of the present institution, 1426 Indiana Avenue. The plans, by Frost & Granger, provide for a three-story structure which will cost \$50,000.



**Saint Luke's Hospital** in the city of Utica, is to have a new building on a new and better site, the gift of Mr. and Mrs. Frederick T. Proctor, of Utica. The new building, which is now nearing completion, is to have eighty beds, and is a fire-proof structure of brick, stone, and steel, of the most approved modern type. The entire ex-

pense of the building and furnishing is borne by Mr. and Mrs. Proctor, and the structure completed is to be turned over to the present board of trustees of Saint Luke's Home and Hospital.



**Sir Felix Semon**, noted English throat specialist and successor to Dr. McKenzie, who is at present in this country, recently paid a visit to Mt. Sinai Hospital, and this institution found great favor in his eyes.

Sir Felix went to the hospital with Dr. D. Bryson Delavan, senior attending throat specialist, and Dr. George Lefferts. They were received by Dr. S. S. Goldwater, supt.; F. J. Rieser, assistant supt., and the medical staff.

"This hospital is a tremendous advance over any hospital I have ever seen," said the Englishman afterward. "It is the acme, I might say, of hospital perfection. It seems such accomplishment is possible only in this country, for surely it cannot be done in Europe. You are fortunate in having enormous wealth devoted to such commendable purposes, while we, though we have wealth, unfortunately see it not so commendably applied. My experience to-day has opened up such possibilities for further scrutiny of your incomparable hospital system that I may stay here longer."



The building committee of the board of managers for the State Tuberculosis Institution which will be erected in Glen Gardner, New Jersey, have decided to recommend the acceptance of the estimate submitted by Henderson & Co., of Philadelphia, who have offered to erect the group of buildings for \$164,437.



**The Soules Hospital** is located at Westfield, N. Y., in the midst of the famous Chautauqua Grape-Belt, with Chautauqua Lake just above and to the South, and Lake Erie at its threshold on the North, reached by three steam and two trolley roads, it would be difficult to imagine a more ideal location for hospital purposes. The training school for nurses is a most important factor in the work of the hospital. The arrangement of the work is according to the ideas of Miss Nellie G. Davis, a graduate of the training school connected with the Arnot-Ogden Memorial Hospital, of Elmira, N. Y., and has proved most satisfactory to the executive board, the staff and to the students themselves.

The staff consists of eight physicians and surgeons and the work is general medical, surgical and lying-in, thus giving the students a very

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general and complete range of practical experience. The course is two years and three months in duration, with the privilege of extending the studies for another nine months, making the full course three years; this extension will ultimately be adopted as obligatory, and the addition of the extra three months is only the first step in that direction. The nurses reside in a very commodious home outside the hospital grounds and have the advantage, when off duty, of entire freedom from the air and restraints of the hospital proper; are chaperoned constantly by a member of the senior class who is accountable to the superintendent, which matter of discipline, it may be added, is seldom if ever needed.

~

**Commissioner** of Police McAdoo recently requested the city to establish an emergency hospital at the Manhattan terminal of the Brooklyn Bridge.

A room is now in use, supplied with a leather stretcher, cot and reclining chair, where the police receive all accident cases and provide as best they can for them until the arrival of the ambulance, which is called in every case, and many times needlessly, thereby incurring unnecessary expense to the city. Commissioner McAdoo has requested that nurses be detailed to the accident room with the necessary supplies for the treatment of minor cases and for the primary treatment of serious cases prior to the arrival of the ambulance. The request is now in the hands of Dr. Brennan, president of the Board of Trustees, Bellevue and allied hospitals for details and appointments.

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Through the generosity of a friend, who desires to remain unknown, an annex to the dis-

pensary, for consumptives, of the Post-Graduate Hospital, was opened October 10, at 322 East Nineteenth Street, where twelve beds are provided for patients unable to attend the dispensary for treatment.

The dispensary in the hospital under the supervision of Dr. J. F. Russell, has been doing excellent work for some time. In fact, 60,000 prescriptions have been given there in the recent past and many cures effected notwithstanding the difficulties encountered.

The dispensary is open from seven to eight o'clock A. M., with physicians and nurses in attendance. T. P. R.'s are taken, medications administered and the patient goes his or her way—many of them to work—to return between seven and eight o'clock in the evening for their second daily treatment.

Heretofore there has been no provision for those in advanced stages of the disease, although the need of such provision has been realized by Dr. Russell and the officials of the hospital, and appeals have gone forth to the public and at last, through the merits of its own work, the provision has become an actuality by the generosity of an appreciative friend of one of the patients, who had been benefited in the dispensary, who donates to the Post-Graduate Hospital the funds with which to establish this annex and (\$6,000) six thousand dollars per annum toward its maintenance. It is a comfortable home, with modern scientific arrangements and appliances for the treatment of these cases, who are physically unable to attend the dispensary for a term of eight weeks, by which time they are able to resume the dispensary treatment. Two day and one night nurse is employed, and at present six patients are receiving this special treatment. ..





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# Book Reviews

*A Compend of Medical Latin.* Designed especially for elementary training of medical students. By W. T. St. Clair, A.M., Professor of the Latin language and literature in the Male High School of Louisville, Kentucky; author of "Cæsar for Beginners;" Notes to "Cæsar Gallic War;" Book 3; second edition, revised; 131 pages. Price, \$1.00.

The author's aim in publishing this little book is to supply the student with a useful or necessary amount of Latin, without taking up the time, or giving the trouble necessary to really learn the language.

In this work, a student will find a patient and careful guide to take him safely through the special terms and phrases used in medicine. A small vocabulary of the most important words is learned in short and easy lessons, and a careful explanation is made of the special technical endings, their formation, meaning and use. Numerous examples and drills are given, which will firmly fix them in the mind. The writing of prescriptions is gone into very thoroughly. First, they are given with complete Latin, then with abbreviations with symbols.

To sum up, a person might study Latin at school or college for two or three years, and in the end he would not know any more, that was of real use to him in medicine, at the end of that time, than he could get out of this little book by a month's careful study.

*Health, Strength, and Power.* By Dr. Dudley Allen Sargent, Director of the Hemenway Gymnasium, Harvard University. 280 pages, beautifully and bountifully illustrated. Price, post-paid, \$1.75.

Dr. Sargent is too well known to need introduction. During the thirty-five years he has been engaged in physical culture, he has been a recognized authority. He has invented much apparatus, and no gymnasium is now complete without one or another of his inventions.

The object of this, his latest book, is to teach a system of physical culture *without apparatus*.

Without going into the considerations which have led many of the leading physical culturists to discard apparatus wholly or in part, in all cases—it is still certain that for the nurse at least, such a system is necessary. It stands to reason that confined to the sick room much of the time,

her body must have systematic exercise to prevent the rusting out which is worse than wearing out. Work is not always exercise, and exercising one part of the body without exercising the rest is only slightly better than no exercise at all. Walking is good, but a nurse seldom has time or feels like taking enough. She cannot carry clubs or machines to a case with her, therefore she must have a system of physical exercise without apparatus, which can be taken quickly, without exhaustion, and without noise. An almost ideal system will be found in Dr. Sargent's book, and we take pleasure in highly recommending it.

*Surgical Asepsis.* Especially Adapted to Operations in the Home of the Patient. By Henry B. Palmer, M.D., Consulting Surgeon to the Central Maine General Hospital. 231 pages and 90 illustrations. Price, \$1.25 net.

The aim of this book is to demonstrate the methods which the author has found best in performing operations in the home of the patient. The book has been written for those surgeons who operate outside of the hospital and for those having the after-care of surgical cases, and for this reason will be found of value to the nurse in private practice.

In the chapters on Gauze, Sponges, Ligatures, Sutures, Sterilization and Disinfectants the author quotes many eminent authorities, gives the materials and preparations used by prominent surgeons, and the methods employed at well-known hospitals. Many questions frequently asked by the nurse, will be found answered here. The author's experience has taught him to believe that if the home be a good one, and if the same degree of surgical skill and nursing can be secured, the home treatment of surgical cases offers some very decided advantages over the hospital. The methods described in this volume embody the principles commonly accepted, but modified in the manner found most convenient for house-to-house operating. This book should find a place in the library of the surgical nurse.

*Hand-Book of the Anatomy and Diseases of the Eye and Ear.* By D. B. St. John Roosa, M.D., LL.D.; and A. Edward Davis, A.M., M.D. 300 pages. Price, \$1.00.

This book is designed especially for the undergraduate and post-graduate, and is intended to

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serve as a manual wherein the information is presented in such succinct form, that in a very short space of time a student can corroborate and amplify what he sees in clinics. The busy practitioner will also find in this a handy reference book, for though the number of pages is not large, it presents the present state of ophthalmology and otology in sufficient proportions to make a reliable guide to the principles of treatment of the diseases of the eye and ear, and to the anatomy of these organs. A full and complete index has been added to facilitate quick reference.

✧

*The Surgical Treatment of Bright's Disease.*  
By George M. Edebohls, A.M., M.D., LL.D.,  
Professor of the Diseases of Women in the New York Post Graduate Medical School and Hospital; Consulting Surgeon to St. Francis Hospital, New York; Consulting Gynecologist to St. John's Riverside Hospital, Yonkers, N. Y., and to the Nyack Hospital, Nyack, N. Y. Octavo, 327 pages; cloth, \$2.00.

We find a very active and insistent demand on the part of the medical profession for such facts and information, especially as regards results, as may at present be available concerning the new treatment of so common and so fatal a malady as chronic nephritis. To meet this demand, as far as is possible at the present writing, is the object of this volume.

The various contributions by the author to the literature of the subject, the most recent of which have appeared almost contemporaneously with the inception of the present work, are believed to embody with reasonable completeness our present knowledge of the surgical treat-

ment of Bright's disease. These contributions to the leading medical publications of America and Europe, arranged in chronological order of publication, make up two-fifths of the present volume. The remaining three-fifths is entirely new matter, and deals with results, as shown by the histories of cases.

We find recorded in full the histories of seventy-two patients upon whom the author has operated. The list embraces all cases operated upon up to the end of the year 1903. Cases operated upon during the current year of 1904 have not been included, as sufficient time is not deemed to have elapsed since operation to render a study of the results obtained of any decided value. Nine months represents the shortest period of observation after operation in any of the cases here recorded.

An analysis of results shows that of the seventy-two patients, seven died within two weeks following operation, twenty-two died at periods of time more or less remote from operation, three disappeared from further observation after leaving hospital and cannot be found, and forty are known to be living. The seven deaths occurring within a period of two weeks after operation represent the operative mortality. The surgical treatment of chronic Bright's disease advocated by the author is on trial, and will be judged by its results. The subject is modern and many questions relating thereto still await solution, but the author believes that the evidence submitted not alone justifies the surgical treatment of chronic Bright's disease, but establishes surgery as at present the main, if not the only, hope of sufferers from a hitherto incurable malady.

### Laura Franklin A. A.

The annual meeting of the Alumnae Association of the Hahnemann Hospital, in the City of New York, was held on November 17, at 657 Park Avenue. The President, Miss Weller, in the chair.

The following officers were elected for the coming year: President, Miss Alma Weller; vice-president, Miss May Philips; secretary, Miss Frances L. Larkins; treasurer, Miss Margarette Worth.

These four with Miss Emma Dennis, Mrs. E. P. Hoag, Miss Bella Haig Miss Anna Walton

and Miss E. Warren, formed the executive committee.

The meeting was well and enthusiastically attended, all members feeling proud of the past year's work—more especially as the treasurer reported a good balance in the bank.

Final arrangements were made for the Christmas Fair, to be held at the Hahnemann Hospital, on Park Avenue, in the afternoon and evening of December 7 and 8.

Meeting adjourned and refreshments were served.

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## Nursing World—Continued

(Too Late for Proper Classification)

### Spanish-American War Nurses\*

The first meeting of the Spanish-American War Nurses' Convention was held in the Temple of Fraternity, World's Fair Grounds, St. Louis, Mo., on November 7, 1904, at two o'clock P. M.

The meeting was opened by Miss Whelpton, chairman of the committee of those Spanish-American War Nurses, who live in St. Louis; through her they extended hearty welcome to their out-of-town sisters.

The next speaker was Professor McGee, chief of anthropology at the World's Fair, who welcomed the nurses on behalf of President Francis, who was unable to attend, on account of his multitudinous duties. In a very interesting address Professor McGee explained that it was a distinct advance to allow women nurses so near the firing line, and as an anthropologist he looked upon the employment of female nurses in our army as a distinct gain to civilization. In closing he said, "I bear you a message and greeting from your president. She planned all the summer long to be with you on this occasion. Had it not been that duty called her, she would have left Japan a month earlier, and would have participated in this meeting. She is now a few hundred miles beyond San Francisco, and will be here in about a week. I can assure you that to-day she has your meeting very largely in her mind, and is full of regret that she is not with you."

Mrs. Gibson, president of, and representing the Associated Nurses of St. Louis, welcomed the war nurses in the name of her association. Her greeting was most hospitable. Captain Dyer, of the Spanish-American War Veterans, said a number of laudatory things of the war nurses and their president. The corresponding secretary's report was read, also a letter from Agnes W. Mahoney, who is a missionary in South Africa. Greetings were read from a number of absent members, also letters from Mrs. Royal Gage, and Mrs. Whitelaw Reid.

The camp at Washington sent an invitation to meet in their city next year. Camp Roosevelt sent an invitation to meet in New York. The annual address of Dr. Anita Newcomb McGee, the president, was read by Miss Wilson. It touched upon most of the business before the

society, and contained many pertinent suggestions.

Continuing, it described the work of the American nurses in Japan, and covered much of the ground covered in her report to the Red Cross Society, published in *THE TRAINED NURSE* for November, and refuted completely stories recently maliciously circulated derogatory to the Spanish-American War Nurses in Japan.

Mrs. Ludlow, vice-president, gave a short, interesting talk. Meeting adjourned.

A business meeting was called at 9.30, November 8, at the Inside Inn, World's Fair Grounds. Interesting reports were read from the various camps. There was a discussion on the monument question. It was stated that there was \$350.67 for the Monument Fund, and that any suitable design would be accepted by the government. The motion to erect the monument in Arlington Cemetery to the memory of the Spanish-American War Nurses was unanimously carried. It was decided to have meetings in the mornings, reserving the afternoon for sightseeing and entertainments. (Reports of the latter will be found under St. Louis notes, in this issue.) Meeting adjourned.

The next meeting was held at Inside Inn at 8 P. M., November 8. The Auditing Committee and other committees made gratifying reports. Drawings of the proposed monument were exhibited, and one was selected. The monument will cost \$900. A notice will be sent to all members, asking them to send in subscriptions to the monument by the 1st of December, in order that the monument may be unveiled in the spring. Any surplus left after the monument is paid for will be placed in the benefit fund. Meeting adjourned.

The next meeting was held at 9 A. M., at Inside Inn, November 9. The business consisted largely of reports, amendments, by-laws and action upon letters. Election of officers followed, and resulted in the election of:

President, Dr. Anita Newcomb McGee; vice-presidents, Esther V. Hasson, Harriet Camp Lounsbury, Mary Esser-French, Amanda Armistead-Ludlow, Helene M. Gottschalk, Frances M. West, Isabell J. Walton, Mary E. Craig, I. Virginia Parkes, Mary C. Cryor; recording secretary, Lela Wilson; treasurer and corresponding secretary, Rebecca Jackson, Overbrook, Pa.

\*The Editor regrets that owing to the late receipt of this report it was impossible to give a more detailed account in this number. It is probable that certain interesting features will be dwelt upon at greater length in the January number.

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When a physician begins the treatment of an anæmic or chlorotic patient, he must first consider the "building of the blood," the fountain and foundation of healthy life.

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It was decided to hold the next meeting in Washington, in the month of May, for the purpose of unveiling the monument.

During the course of the meetings, the following new and honorary members were unanimously elected, after names had lain on the table twenty-four hours, as required:

#### NEW MEMBERS.

Bessie M. Creelman, Mrs. Lizzie R. Hand, Anna Rogers, M. Alice Gallagher, Mary Miller Tyler, Mary Mullen, Joanna M. Schmitt, Emma L. Kennedy, Sarah P. Young, Mrs. Mary B. Hall, Bertha Schmidt.

#### HONORARY MEMBERS.

The following were proposed by Dr. Anita Newcomb McGee:

Mrs. Frederick Dickinson, Miss Sarah W. Dagget, Mrs. Weston Bascome, Mrs. Herman Mynter, Miss Mary Van B. Vanderpool, Miss Annie Laws, Mrs. J. A. Stephen, Mrs. Eliza Newcomb Alexander.

"These ladies were all chairmen of committees of the Daughters of the American Revolution Hospital Corps and did self-sacrificing work for the war nurses by devoting themselves during the summer of 1898 to the personal testing of applicants from their respective cities, seeking out and helping the desirable ones and reporting unfavorably on undesirable ones. A large number of ladies in many parts of the country helped me in this work, but I have collected for honorary membership only those who were pre-eminent in it. I nominate also Mrs. Annette Sumner-Rose, for assistance given the nurse corps by THE TRAINED NURSE."

Also Amanda J. Armistead proposed Col. A. E. Markley, 13th U. S. Infantry.

These were all unanimously elected.

#### BIRTHS.

The following were announced:

Mrs. Cora Gaddis Taylor, a daughter, Sarah Margaret, who sends greetings.

Mrs. Annie Gates Taylor, a son.

Votes of thanks were made as follows:

To Dr. Denio, for special invitation to visit the Palace of Fine Arts under her personal conduct, which was thoroughly appreciated.

To Mrs. McKinley Harris and sister, for the very pleasant afternoon spent at her home.

To Mrs. Gibson and to the State Nurses' Association for their kindness in offering us the use of Fraternal Hall and also for the use of their special room, and for a most pleasing entertainment on Thursday evening.

To Miss Kelly, for invitation to visit the baby incubators.

Prof. W. J. McGee for his greeting and most interesting talk, also for many small courtesies in the matter of arrangements before our arrival.

The Inside Inn, for use of parlor for our business meetings and many small courtesies during our entire stay.



#### Dr. McGee and Mr. Nagasaki\*

From Hiroshima daily newspaper, Sept. 19, 1904 (copied from a Tokyo paper.)

Mr. Nagasaki, who came here lately, spoke as follows on his return to Tokyo: Dr. McGee, having heard of my arrival at Hiroshima, begged me to visit the hospital to actually see the nursing, so I went there one day. The nurses who came with Dr. McGee welcomed me with pleasure and having received permission from the commanding officer, I was taken to every ward.

The company of American nurses shows no sign of fatigue, though nursing day and night, with the Japanese nurses, and their earnestness in their work attracts attention. When I visited them, Miss Cooke was taking off the dirty clothes of a soldier who had just come back from the front, and washing his feet. He had not been able to bathe in the field and his legs were covered with dirt, like a temporary skin. She put his feet in tepid water and was taking off the dirty skin little by little, with a brush, and at last I was surprised to see the white legs appear. Dr. McGee told me that the patients received in the hospital enjoy massage, so the nurses give them massage whenever they have time, which gives them much pleasure. Every patient lies on a bed, and the American nurses are much more accustomed to making beds and moving patients on them than are the Japanese nurses.

Even this little observation is enough to show how much the Americans are helping the patients coming from the front; besides, their work in properly managing the food, medicines, ice bags, etc. We find no defects in their work.



#### Brooklyn

The regular meeting of the Long Island College Hospital Alumnae Association was held at the Registry, on Tuesday, November 15. After the usual routine of reports had been read and discussed, Miss Anna Davids, the president, announced that Miss Sophia F. Palmer, president of the Examining Board of State Registration,

\*Mr. Nagasaki is Master of Ceremonies at Court. Director of Red Cross Society, etc., etc.



FOR  
**CONSUMPTION**  
AND  
**TUBERCULAR PLEURISY**  
USE  
**ANTIPHLOGISTINE**

Pulmonary tuberculosis, especially that following unresolved pneumonia, can always be greatly benefited and very often 'cleared up' by the continuous use of Antiphlogistine, changed every twenty to thirty-six hours, for a period of weeks or months.

An immediate alleviation of symptoms, however, may be expected. The cough will become less distressing, the chills often disappear, while the pulse, evening temperature and general condition will be much improved.

These gratifying results can be largely ascribed to the vaso-motor stimulation of Antiphlogistine upon those vessels within and adjacent to the affected lung tissue. This stimulation increases the ability of the vessels to absorb and remove the interstitial fluid accumulation and convey nourishment to the debilitated cells through re-established circulation.

For Tubercular Pleurisy the application of Antiphlogistine is the ideal treatment for relief or to prevent recurrent attacks.

**DIRECTIONS.**—Spread the Antiphlogistine, as hot as can be comfortably borne, upon the skin over the affected lung and cover with cotton and a cheese-cloth jacket similar to the dressing used in pneumonia. Always heat in the original container by placing in hot water. Needless exposure to the air or water impairs its usefulness.

To insure economy and the best results always order a full package and specify the size required—Small, Medium, Large or Hospital Size.

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**THE DENVER CHEMICAL MFG. CO.**

(INCORPORATED IN 1893)

**NEW YORK**

was about to visit Brooklyn, and give an address to the nurses of the city, on State Registration and Hospital Economics. During her stay in Brooklyn she is to be the guest of the Alumnae Association of the Long Island College Hospital. Miss Davids also announced that Miss Damer, president of the State Association, would attend and speak on the State and county organizations for nurses.

CLARA HALL, Cor. Sec.

~

#### New Jersey State Nurses

The third annual meeting of the New Jersey State Nurses will be held in Oraton Hall, Newark, on December 6.

#### PROGRAMME.

2.30—Call to Order.

Prayer by the Rev. Lewis Lampman, D.D.

Address by Edward J. Ill, M.D.

Address by Miss Sophia M. Palmer.

Reading of Minutes of last Meeting.

Secretary's Annual Report, including Report of Executive Board.

Treasurer's Annual Report.

Report of Standing Committees

New Business.

Election of Officers.

Report of Delegate to Berlin Congress.

Report of Delegates to State Federation of Women's Clubs.

Appointing of Nominating Committee.

Announcement of Next Meeting Place.

Report of Tellers of Election.

Appointing of Chairmen of Committees by the President.

Adjournment.

Oraton Hall is on the corner Broad and Bridge Streets, near D. L. & W. Station.

~

#### Scranton, Pa.

The Hahnemann Hospital, of Scranton, Pa., held its commencement exercises on November 19 in Guernsey Hall, Washington Avenue, at 8 P. M. The exercises were well attended and were pronounced very successful. A picture of the graduating class will appear in the January number with a more extended notice of the exercises. The graduates were:

Miss Elizabeth Wolfe, Miss Bernice C. Conger, Miss Violet M. Danvers, Miss Harriet Emily

Rawson, Miss Jennie Eschenbach, Miss Lulu P. Kester, Miss Mary Michaels.

~

#### Course Extended

The management of the Lozier Memorial Training School, of the New York Medical College and Hospital for Women, at 19 West One Hundred and First Street, New York, has extended the course of training from two to three years, with a preparatory course of three months. It has also been decided to give the nurses a course in Dietetics and in the care of male patients to meet the requirements of registration.

MARTHA E. BOLLERMAN, R. A.,  
Superintendent.

~

#### Personal

Miss Ellen Enright, of 125th Street, New York city, has but recently returned from a trip to Europe, which she thoroughly enjoyed.

Miss Enright was delightfully entertained while in Ireland.

Miss Schneck, of the Alma Training School, after one year private nursing in Fort Wayne, Ind., is now taking a post graduate course at Chicago.

Miss Linda Braidy, a graduate of '04, of the Alma Training School for Nurses, is taking a six months' surgical course in Chicago.

~

#### Married

Miss Bessie Stephens, a graduate of the Sibley Memorial Hospital, Washington, D. C., class 1901, was married July 2, 1904, to Mr. Albert Cornet, of Altoona, Pa.

Mr. and Mrs. D. A. Mosser announce the marriage of their daughter Emma to Mr. Fred. A. Wertz, Tuesday, October 25, 1904, at Reading, Pa. Mrs. Wertz is a graduate of the University of Pennsylvania Training School, Philadelphia, class 1900.

#### Obituary

Agnes B. Tye, of the class of 1894, of the Orange Training School, departed this life on September 28, 1904, after a severe illness.

The best substitute for, or adjuvant to, the MOTHER'S MILK

**THE "ALLENBURY'S"  
FOODS**



- MILK FOOD "No. 1"**  
For infants from birth to three months of age.
- MILK FOOD "No. 2"**  
For infants between the ages of three and six months.
- MALTED FOOD "No. 3"**  
For children of six months and upwards.

The  
"Allenbury's" Milk Food No. 1

is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast without fear of upsetting the young infant.

The "Series" is so arranged that each "Food" affords the maximum amount of nourishment which, at the period for which it is intended, the organs of the child can with perfect ease digest.

Evidence of the great value of our system of infant feeding is constantly accumulating through letters received from nearly all parts of the world, not only from parents, but also from prominent members of the medical profession, telling of the very gratifying results attending their use of the "Allenbury's" Foods, often in cases apparently hopeless, and after many other artificial foods and modified milk had been tried.

SAMPLES SENT ON REQUEST

**THE ALLEN & HANBURY'S CO. LIMITED**

Toronto, Can.

London, Eng.

Niagara Falls, N.Y.



**MENNEN'S  
BORATED TALCUM  
Toilet Powder**

**Delightful After Bathing  
A Luxury After Shaving**

A positive relief for Chapped Hands, Chafing and all Afflictions of the Skin. Removes all Odor of Perspiration.

GET MENNEN'S—the only genuine with a National reputation as a perfect Toilet Requisite. "A little higher in price but a reason for it." The inventor's portrait on box cover is a guarantee of absolute purity.

Approved by the Medical Profession and Trained Nurses for the use of Infants and Adults. Refuse all other Powders which are liable to do harm. Avoid harmful imitations.

SOLD EVERYWHERE, OR MAILED FOR 25 CENTS. (SAMPLE FREE.)

**GERHARD MENNEN CHEMICAL CO., Newark, N. J.**

# New Remedies and Appliances

## Options Without Extra Charge

The Hartford Bedstead Company give you the following on Hospital Bedsteads:

Fabric.—Woven Wire or National Line.

Width.—Three feet or two feet six inches.

Height.—Fabric from five to twenty-eight inches from floor.

Casters or Wood plugs.

Corner.—Pipe, dowl or lug.

Why not purchase from us; we give you more for your money than others.

If the dealer in your town does not carry samples of our beds write us.

THE HARTFORD BEDSTEAD CO.,  
Hartford, Conn.

## Explosion of Engine

"I have given Unguentine a thorough trial in a case of extensive burn, caused by the explosion of a railroad locomotive by which the engineer was scalded. He came under my care on the third day after the accident, having been cared for for the first three days where the accident happened. He presented an appearance such as is rarely seen and was racked with pain. I used Unguentine freely and morphia only for the first few hours. The pain ceased and the man was quiet and could sleep, and the parts took on a semblance of healing at once. In just twelve days from the time Unguentine was applied he was perfectly well."

S. S. BACHMANN, M. D.,  
Easton, Pa.

## A Wonderful Calmative

A bottle of Neurilla was left with me by your agent about eight weeks ago at my request. At the time I was exceedingly nervous and decided to make personal use of it. It proved a wonderful Calmative, and I shall continue to employ it in nervous cases where indicated.

GEORGE SCHLERETH, M.D.,  
St. Marks Place, New York City.

## Horlick's Milk

When traveling with infants that are fed artificially, it is of the utmost importance to use the

same food, so as to avoid gastro-intestinal disorders. A frequent change in the milk is sure to affect a baby and to greatly increase the burdens of those in charge. It is advisable under such circumstances to rely entirely upon Horlick's Malted Milk, because it insures the child a milk diet of uniform quality, and, besides, it is readily prepared at any time and anywhere, is conveniently carried, keeps the child in good humor and maintains the bodily nutrition effectively.

✧

## An Experience With Peptenzyme

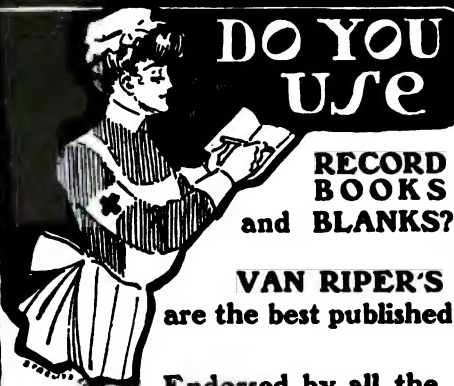
I have had recently occasion to prescribe Peptenzyme in a case of vomiting of pregnancy in a woman, age 35, a primipara. She suffered intensely from nausea immediately after eating, having been able to retain scarcely any food for nearly three weeks. Various digestive compositions were employed without the least benefit, some even seeming to aggravate the trouble. I put her on Peptenzyme, two tablets after each meal. I never saw a drug act so promptly nor so uniformly as has Peptenzyme. I do not believe there is another agent of its class on the market that approaches it in therapeutic value. I have also used the remedy in gastric and atonic dyspepsia, with absolutely positive results.

My advice to the profession is to use Peptenzyme whenever and wherever such an agent is indicated. In the vomiting of pregnancy it is sometimes best to give one tablet one-half hour before eating and one immediately afterwards. In indigestion where there is malnutrition and consequently tissue waste without repair, Peptenzyme will act in a most agreeable and satisfactory manner.—Abstract from the *Medical Council*.

✧

## Kudros

" . . . I have used Kudros in the Female Hospital for several months, and find it a fine alcoholic stimulant, for women especially, with a wide range of usefulness. It is a splendid vehicle for the long-continued administration of creosote in tuberculosis, and it is valuable in milder cases of vomiting in pregnancy. I have used it in all cases where an alcoholic stimulant



**DO YOU  
USE**

**RECORD  
BOOKS  
and BLANKS?**

**VAN RIPER'S  
are the best published**

**Endorsed by all the  
leading Nurses in the U. S.**

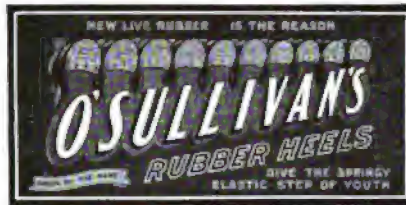
Also Clinical Charts, Receipt Blanks,  
History Sheets, Operation Blanks, Bed-  
side Notes, Temperature Charts, etc.

Samples and Price Lists furnished free  
upon application. Estimates promptly  
furnished on Special Blanks of any kind

**CHARLES A. LAWES CO.**

(Successors to Belden & Co.)

302 Dearborn Street, Chicago, Ill.



The above reproduction of the familiar card  
seen on all the trolley cars implies the adap-  
tion of O'Sullivan Heels to all Shoes—to the

young as well as the  
old—to men as well  
as women—to the  
healthy as well as the  
sick—to the strong as  
well as the weak.

There is actually no  
walk in life where  
these heels of new  
rubber are not ap-  
plicable.

But substitutes of  
second used rubber  
do not cushion the feet  
and their price is a  
waste of money.

Order by the name.  
All dealers sell O'Sul-  
livan's for 50c. at-  
tached.

**O'SULLIVAN  
RUBBER CO.,  
LOWELL, MASS.**



O'SULLIVAN  
RUBBER CO.,  
Lowell, Mass.

# Hospital Bedsteads AND Bedside Tables

MANUFACTURED BY

**THE  
HARTFORD BEDSTEAD CO.**

SUCCESSORS TO

The Hartford Woven Wire Mattress Co.

**CATALOGUE MAILED AND  
PRICES QUOTED ON  
APPLICATION**

**P. O. BOX 363**

**HARTFORD,**

**CONN.**

# LISTER'S TOWELS

FOR WOMEN



## A Sanitary Necessity

For convenience, comfort, hygiene and econ-  
omy, Lister's Sanitary Towels for women stand  
A No. 1.

Women who have used Lister's Towels  
say they wonder how they ever managed  
before, and consider their wardrobe  
incomplete without them.

Nurses who use Lister's Towels  
in gynecologic, obstetric, cancer  
cases and the like, prefer  
them to any other pads.

Clip out this coupon  
and send to-day to

**THE LISTER  
SURGICAL CO.,  
100 William St.,  
New York  
City.**

Name.....

Address.....

**25**  
cents  
in  
postage  
stamps or  
money order  
and coupon  
will entitle any  
reader of *The Trained  
Nurse and Hospital Review*  
to one dozen of Lister's  
Towels and a 48 page  
monograph, known as  
"Hygiene in Maternity."

is indicated, and find it very acceptable to delicate patients."

(Signed) O. H. ELBRECHT, M.D.,  
Superintendent and Surgeon in Charge,  
Female Hospital, St. Louis.

✧

#### Deadly High Heels

The Associated Press recently reported the death of the daughter-in-law of Representative W. Godfrey Hunter, of Kentucky, from diffused sarcoma, caused by a cancerous growth on her foot, due to wearing high heeled shoes. In spite of many similar examples of injury caused by hard leather French heels and high Cuban heels, they are in much demand by society ladies, actresses and other women who favor the high arch. To rob their power of injury, the O'Sullivan Rubber Company, of Lowell, Mass., has made special sizes in rubber heels to fit these two models. If the French Rubber Heel or the Cuban Rubber Heel, of the O'Sullivan make, is not procurable of your dealer, send 25c. for the French or 35c. for the Cuban, together with outline of the leather heel, to headquarters at Lowell, Mass.

✧

#### Pinus Canadensis

Kennedy's Extract of *Pinus Canadensis* is a valuable agent in chronic diseases of the mucous membranes, and admirable for the removal of morbid discharges of every kind.

✧

#### Slight Case of Pyorrhea Areolaris

Mrs. C. B., age 27. November 8, 1922.

Two inf. central incisors quite loose, with pus, gums tender. Treatment was to syringe the sockets with Tyree's Powder in solution for several days, after which time the pus had disappeared and the teeth were becoming firm. After two weeks, the teeth were nearly as firm as the rest.

I have had dozens of other cases that have been treated with Tyree's Powder and which I can earnestly say were cured in a short time.

In no case were any bad results obtained. Further, by using an antiseptic like Tyree's Antiseptic Powder, one is assured of uniformity of strength at all times, and the best of C. P. ingredients.

✧

#### Hygiene in Maternity Free

Hygiene in Maternity is a 48-page booklet, fully illustrated, containing valuable suggestions to the prospective mother. This booklet has been compiled from the experiences of several

eminent authorities, and contains suggestions on the preparation of room, clothing, maternity outfit; how to bathe, clothe and feed the infant, etc.

See Lister's Towel Advertisement on another page of this issue.

✧

#### Resinol Soap

Some few weeks ago I received a sample of Resinol Soap and from a personal experience in its use I can most heartily give it my endorsement. I found it very useful applied to the scalp to allay the irritability occasioned by dandruff, and in my own case I found it particularly soothing as an application for internal piles. I have not seen the Ointment, but I will be very glad to have another sample of the Soap and one also of the Ointment. I certainly shall take much pleasure in recommending these articles in the future.

DAVID M. CORY, M.D.,  
New York City.

✧

#### Drink in Fevers

Horsford's Acid Phosphate makes a particularly refreshing and nutritious drink in fevers, especially during the period of convalescence, and it is largely prescribed and highly commended by the medical faculty in this class of complaints.

✧

#### The Massage Course at the Pennsylvania Orthopaedic Institute

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Incorporated), of 1516 Green Street, was established in 1898, and after six years of work has won many friends and the warm support of physicians.

The equipment of the institute is complete for the administration of medical massage, Swedish movements, medical electricity, X-Ray treatments and all other present-day uses of electro-mechanical therapeutics, including Dr. Bihlmaier's "Vibrator," various kinds of imported electric light bath cabinets and the Frazier-Lentz hot air apparatus for the well-known "baking" process.

Instruction is given day or night in separate classes by trained men and women teachers. All branches of mechano-therapy are taught practically in a three months' course, as a shorter scientific course is an impossibility. The pupils learn on the dispensary patients referred to the institute by the various city hospitals.

Connected with the school are a gymnasium and a medical library free for students.





## HIGHLAND BRAND EVAPORATED CREAM

IS THE SIMPLEST YET MOST COMPLETE

# FOOD for INFANTS



**F**ROM our Model Dairy Farms we obtain MILK OF THE HIGHEST QUALITY, sterilize it and evaporate it down to a cream-like consistency. Our special treatment of the casein, while being heated, makes it more easy of digestion and more readily assimilated than raw milk.

Intricate formulæ and complicated modifications are not necessary, but

### Clean Milk is Absolutely Essential in Infant Feeding

Highland Brand Evaporated Cream is the cleanest of milk. Pure, germ-free, of uniform composition, and always ready.

Trial Quantity to Nurses on request

Manufactured by

**THE HELVETIA  
MILK CONDENSING COMPANY  
HIGHLAND, ILLINOIS**

During the regular sessions, October to June, of 1903-'44, seventy-five pupils from all sections of the country and several from abroad received diplomas in medical massage and the Swedish movement treatment, while thirty-three graduated in electro-therapeutics.

The summer course, 1904, opened with 23 pupils, amongst whom were 10 nurses, 2 hospital superintendents, 1 physician and 3 medical students.

We recommend our graduates to hospitals and physicians all over the country and frequently secure positions for them in sanitariums and institutions.

The superintendent has personally investigated the advanced methods now in vogue in Sweden, Germany and Austria in the administration of all forms of mechano-therapy and purchased and imported the most approved apparatus used therein. All theoretical instruction is by both oral and typewritten lectures.

The winter classes open January 16, 1905.

~

#### **Jell-O Gets the Gold Medal**

St. Louis, October 24, 1904.—The International Jury has awarded the Gold Medal to The Genesee Pure Food Company, Le Roy, N. Y., manufacturers of Jell-O and Jell-O Ice Cream Powder. Their exhibit in the Agricultural Building is probably the most popular of any at the Fair, and the Jell-O hand-boxes, which they give free to all visitors, are seen everywhere.

~

#### **Live Better! Save More!**

After all, it is these two things for which all men are striving. It is the big idea that goes to bed with us all. Most men fail in both. Our plan is simple, safe and restful. Cannot fail to bring both results. Write us for (free) booklet.

PENN MUTUAL LIFE INSURANCE CO.,  
921 Chestnut Street,  
Philadelphia.

~

#### **Chocolate and Cocoa**

GRAND PRIZE AT WORLD'S FAIR GOES TO  
WALTER BAKER & CO., LTD.

ST. LOUIS, Oct. 22.—The Grand Prize for superiority of Cocoa and Chocolate preparations goes to the famous house of Walter Baker & Co., Dorchester, Mass. This is the highest award ever given in this country. The company was established in 1780, and has received 43 awards from the great expositions in Europe and America.

#### **Putrefactive Processes**

As an antiferment, to correct disorders of digestion, and to counteract the intestinal putrefactive processes in the summer diarrheas of children, Listerine possesses great advantage over other antiseptics in that it may be administered freely, being non-toxic, non-irritant and non-escharotic; furthermore, its genial compatibility with syrups, elixirs and other standard remedies of the *Materia Medica*, renders it an acceptable and efficient agent in the treatment of diseases produced by the fermentation of food, the decomposition of organic matter, the endo-development of fetid gases, and the presence or attack of low forms of microzoic life.

~

#### **Pepto-Mangan (Gude)**

In addition to the forty-odd cases which we studied this winter, pepto-mangan has been used in the hospital for over two years in anæmic convalescents, with uniformly satisfactory results. In none of the cases under our observation did any untoward symptoms accompany or follow the use of this preparation. In no case did constipation, nausea, headache, or digestive difficulties follow its administration.

The results recorded here correspond with those obtained with the use of pepto-mangan by Loomis, Van Schaick, and von Ramdohr, of New York; Peterson, Perekhan, Doehring, of Chicago; Wolffe, of Philadelphia; Summa and Bauduy, of St. Louis; Von Ruck, of Asheville, N. C.; Mc Guire, of Richmond, Va.; Frieser and Pohl, of Vienna; and Fasano, of Naples.—G. A. De Santos Saxe, M.D., Assistant Pathologist, Columbus Hospital, New York.

~

#### **Ergoapiol (Smith)**

A girl twenty years old was sent to me by the matron of a boarding school. She enjoyed good health prior to entering the school, but for the past three months she had not menstruated, and was suffering constantly with vertigo and had attacks of hysteria. I attributed the amenorrhea to change of conditions of life—that of an open life on a farm to that of a shut-in inactive life. Ergoapiol (Smith) was given after each meal for two weeks prior to the day of her usual menstruation. This brought her menses on fully. She has since had no further trouble in this way.—E. C. WILLEY, M.D., Louisville, Ky

~

#### **Fellows' Hypophosphites**

Many other authorities of equal celebrity could be quoted to show that Fellows' Hypophosphites



# Tissue Building in Tuberculosis



The maximum amount of food energy in the minimum bulk, conferring the greatest good on the body with the least tax on the digestive organs, is required for the nutrition of tuberculosis patients. Physicians will find

**BURNHAM'S  
CLAM  
BOUILLON.**

## BURNHAM'S CLAM BOUILLON

(Absolutely Free from Any Preservative)

a superior tissue building food for these cases. It is concentrated, very appetizing, and has high nutritive value. It is acceptable and soothing to the gastric membrane when other foods cannot be tolerated, and the ease with which it is absorbed saves the patient's strength.

Has stood the test of Fifteen Years, with a constantly increasing demand from Physicians and the Public.

That it is absolutely the pure juice of the clam without any preservatives is demonstrated by the fact that it spoils with undue exposure to the atmosphere. **BURNHAM'S CLAM BOUILLON** is put up in glass bottles and sold in pints and half pints. This assures not only cleanliness and convenience

in the serving, but perfect purity and freshness while using in the sickroom. All the leading apothecaries and grocers sell it.

**E. S. BURNHAM CO.** 53 to 61 Gansevoort St., NEW YORK

Manufacturers and Packers,

## It Stands the Test



The smallest actual fact is better than the most magnificent statements of impossibilities. Tyree's Antiseptic Powder promises no more than it really does.

## Tyree's Antiseptic Powder!

WAR DEPARTMENT, Surgeon General's Office.

Washington, D. C., January 3, 1890.

This is to certify that the exact Antiseptic strength of Tyree's Pulv. Antiseptic Comp. is one part of the Powder to fifty of water (1:50). Test-tubes containing peptonized beef broth were charged with the powder (Tyree's Antiseptic Powder). The solutions were then inoculated with the Anthrax Bacillus and with the Staphylococci of Pus and the tubes placed in the incubator for 48 hours at a temperature of 39 deg. C. On removing the tubes from the incubator, it was found that in the solution of one in ten, to one in fifty, there was no development of bacteria.

W. M. GRAY, M. D.,

Microscopist Army Medical Museum.

Two ounces of this remarkable preparation sent free to any **ethical** nurse with the following reprints:

Reprints:—1. "Some Obstetrical and Gynecological Treasures of the Army Medical Museum;" 2. "A report on the Antiseptic Treatment of Surgical Cases at an Emergency Hospital Clinic;" 3. "Rational Treatment of Cholera Infantum and Kindred Diseases;" 4. Clinical Lines on Prickly Heat and Kindred Affections of the Skin;" 5. Treatment of Acute and Ordinary Decubitus;" "Dental Antisepsis."

**J. S. TYREE, Chemist, WASHINGTON, D. C.**

offers by far the most satisfactory treatment for all forms of tuberculosis. This remedy, by its favorable influence upon nutrition, enables the system to resist the inroads of the tuberculous process; it imparts a degree of vigor, stamina, and vitality to all the tissues which places them in a favorable condition to withstand the ravages of the disease; it replaces those elements of the tissues destroyed by the disease.



#### Formalin Pastils

The sick room in which a few Formalin Pastils are being vaporized has a pure, refreshing odor, and on this account the process is to be preferred to the cresolene lamp and other cresol and phenol disinfectants, the odor of which is intensely disagreeable and penetrant, and persists long after the deodorization is ended.

The Schering Formalin Lamp may be used for the disinfection of clothing in closets; placed in a suitable cabinet, it can be employed for the rapid and thorough sterilization of surgical instruments, suture and bandage materials.



#### Extreme Nervousness

Daniel's Conct. Tinct. *Passiflora Incarnata* should be prescribed for patients suffering with extreme nervousness due to ovarian trouble. A few doses will cause a marked improvement where other remedies produce no apparent results. In chronic cases of neurasthenia it acts like a charm. For nervousness during the menopause and the various disturbances of the menstrual function, *Passiflora* exerts a wonderful calmative and curative influence. For the terrors of insomnia this preparation of the May-pop is a panacea. It enables the sufferer to sleep by reducing the nerve tension, and yet its after effects, unlike the opiate, are normal and healthful.



#### Reaping Ptomaines

It's a wonderful laboratory, this human body. But it can't prevent the formation of deadly poisons within its very being.

The alimentary tract is one great laboratory for the manufacture of dangerous substances. "Biliousness" is the formation and the absorption of poisons, due largely to an excessive pro-

teid diet. The nervous symptoms of the dyspeptic are often but the physiological demonstrations of putrefactive alkaloids.

Appreciating the importance of the command, "Keep the Bowels Open," particularly in the colds, so easily taken at this time of the year, coryza, influenza and allied conditions, Dr. L. P. Hammond, of Rome, Ga., recommends "Laxative Antikamnia and Quinine Tablets," the laxative dose of which is two tablets, every two or three hours, as indicated.



#### There Is No Substitute

I have prescribed Sanmetto quite extensively in the last ten or twelve years, and I must say I like the remedy very much in all forms of genito-urinary troubles. I can find no substitute for Sanmetto in either acute or chronic prostatitis, cystitis and nephritis. I am not in the habit of giving testimony to proprietary remedies, but I must confess my faith in Sanmetto and shall continue to prescribe it as long as it gives results. —J. C. DREHER, M.D., Plainwell, Mich.



#### Bottlehot

The Bottlehot bag makes a useful gift for the holidays for your friends in the profession, your family or your patients. Can be used for keeping poultices and dressings hot where frequent changing of the dressings is required, for keeping baby's milk hot at night as well as the diapers warm, and can also be used in place of a hot water bag at any time. The Bottlehot bag is made of the best rubber and the cost is reasonable. See the advertisement in this issue.



#### Lignol Soap

Lignol Soap contains properties recently discovered that make it a most valuable addition to the list of antiseptic preparations. The healing properties are wonderful and the soap can be used in place of ordinary toilet soap. No household should be without it for washing wounds, etc. It is very beneficial in all skin diseases and keeps the hair in fine condition. A liberal sample with literature giving details of its various uses sent to any nurse who requests it. See our advertisement in this number.

# ON NOVEMBER FIRST THE NURSES' OUTFITTING ASSOCIATION

Moved into its new headquarters, at The "Home Bureau" House  
52 WEST THIRTY-NINTH STREET, NEW YORK  
where visitors are heartily welcomed

There is in preparation, a completely *new stock*, to make room for which, we are almost giving away the following, at

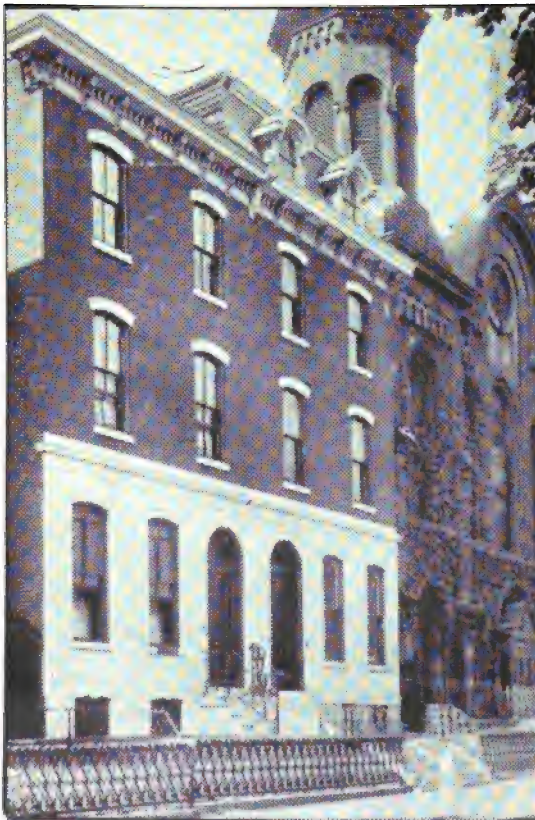
## SPECIAL SALE PRICES

"880" Uniforms, of material "50".....	} at 20 per cent. reduction
"812" " " " "1," "2," or "4,".....	
"879" Surgical Gowns (of 40 skirt length).....	
Laundered or Soiled "880" Uniforms of "50".....	at \$2.25 each
Soiled Cotton Shirt Waists.....	at \$1.25 "
Sample Fancy Waists.....	at \$3.50 "

Thousands of yards of white shrunken materials will be sold by the yard or piece at less than cost:

Nos. 51, 54, 56, 100.....	at 18c. per yard	No. 80 (linen).....	at 32c. per yard
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# The Publisher's Desk

## The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in  
Private Practice and in the Hospitals of the Country

Conducted by

ANNETTE SUMNER-ROSE

NEW YORK :

LAKESIDE PUBLISHING COMPANY  
PUBLISHERS

(Published Monthly.)

NEW YORK OFFICE—Metropolitan Building.

BOSTON OFFICE—With Old Corner Book Store,  
27 Bromfield Street.

### THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

Annual Subscription, post-paid	-	-	-	-	\$2.00
Single Copies	-	-	-	-	.20

Entered as second-class matter at the New York Post Office,  
March 14th, 1901.

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### Indebtedness Acknowledged

We are indebted to the *Delineator* for an advance copy of their Christmas number. It is a very fine number, and is especially noteworthy because it contains a beautifully illustrated collection of "The Love Songs from Wagner's Operas," translated by Richard Le Gallienne.

We are indebted to Burroughs, Welcome & Co., of London, England, for a little book on their exhibition at the World's Fair. Burroughs, Wellcome & Co. is the firm who made the word "tabloids" part of the English language, as they were, we believe, the first firm to put up drugs in that form.

Among the interesting exhibits is a medicine chest of an Egyptian queen, who lived 2200 B. C.; military medicine chest of 1588; a chest carried by Sir Henry M. Stanley through Africa; Emin Pasha's medicine chest; one of the chests especially designed for the Hospital Ship *Maine*, and the chest carried by Lieutenant Peary in his recent Arctic expedition.

The book is not only interesting, but contains a large amount of very useful medical and drug information.

☪

### An Apology

Even the best magazines occasionally find that some slight but irritating error, has crept in.

We regret to state that the volume number in **THE TRAINED NURSE** for August; September, October and November was wrong. The mistake has now been corrected, of course, and the index for the year 1904 gives the proper volume numbers. This mistake probably is of no importance to any one save ourselves, nevertheless we regret anything which is not perfection in the make-up of **THE TRAINED NURSE**.

☪

### Index and Binding

Those who wish to bind **THE TRAINED NURSE AND HOSPITAL REVIEW** for the year 1904 will be supplied with an index free of charge, upon application.

If there are any who do not wish to go to the expense of having their magazines regularly bound, and yet wish to keep them in some durable shape, we wish to recommend to them the Simplex Binder advertised in this issue.

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